

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Cora Catharine Adams</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>18</i>		Years <i>41</i>	
Date of death <i>1900</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>House Wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William T Adams</i>					
Father's Name <i>Joseph Brumbaugh</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Catharine Gossard</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>William Adams</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>5 mo.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>	
		Address <i>Leitersburg, Md.</i>	
Accident or Suicide?			

Middleborge

Name
in
Full

Louis Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Pearse ^{County} Washington

MARYLAND

Date of death 1905 ^{Month} June ^{Day} 29 ^{Years} 21 ^{Months} 3 ^{Days}Sex male ^{Color or Race} white ^{Birth-place} MarylandOccupation Laborer ^{Where Residing if not at place of death} HancockMarried, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Denton Bishop ^{Father's Birthplace} MarylandMother's Maiden Name Ellen Haune ^{Mother's Birthplace} MarylandName of person giving Information ^{How related to deceased}

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

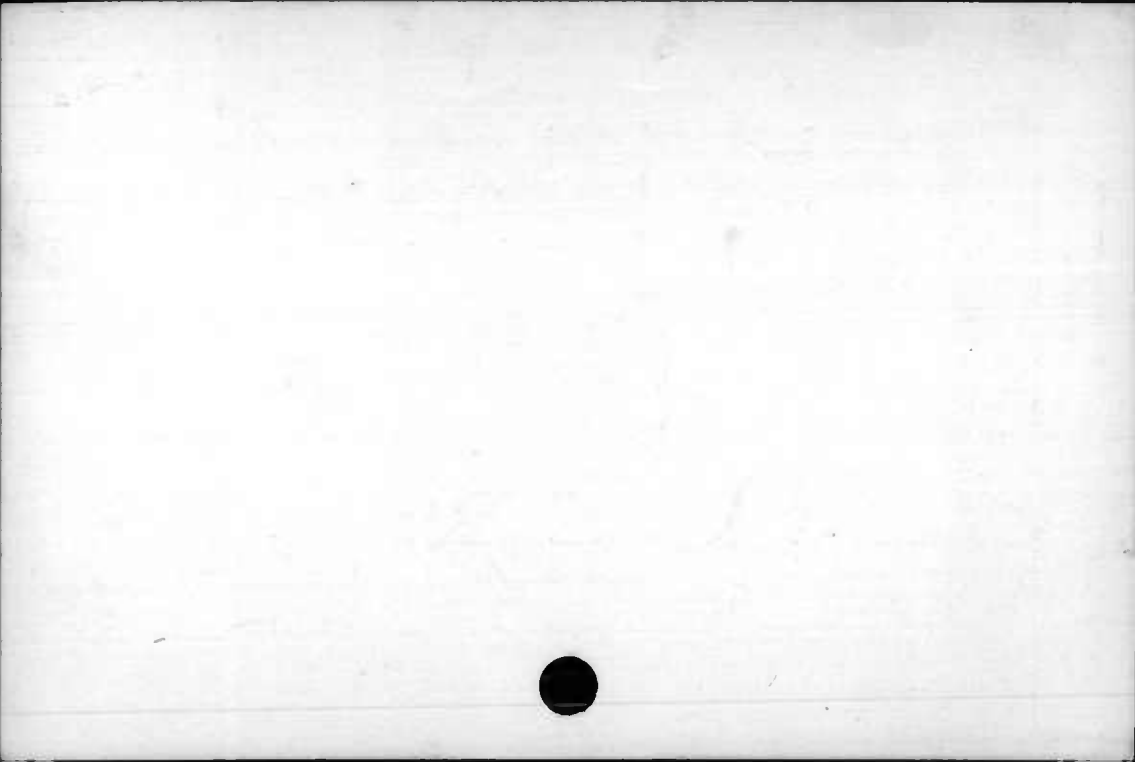
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A Brandt</i>		Town <i>Hagerston</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerston</i>		Month <i>6</i>		Day <i>17</i>		Age <i>76</i>	
Date of death <i>1904</i>		Years <i>76</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>David W. Brandt</i>					
Father's Name <i>Johzathan Jones</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Susan</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Seridity</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Watkins</i>
	Address <i>Under the Hagerston Md</i>
Accident or Suicide?	



Name
in
Full

Sarah Brognunier

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington

MARYLAND

Date of death | 90 | 5 | 6 | 15 | Age | 72 | Months | 6 | Days | 12 |

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Aaron Brognunier

Father's Name Eward Morgan Father's Birthplace England

Mother's Maiden Name Margaret Morgan Mother's Birthplace England

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

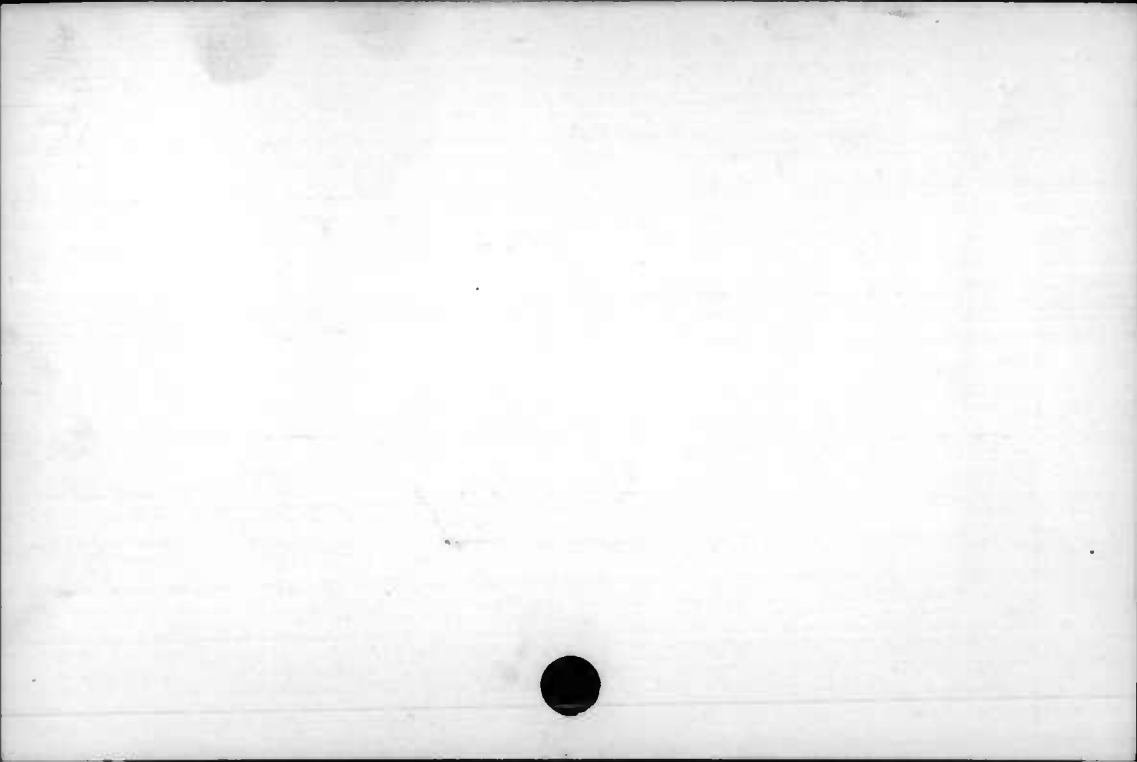
Address

Accident or Suicide?

How long

How long

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Russell Paul Brown

CERTIFICATE OF DEATH

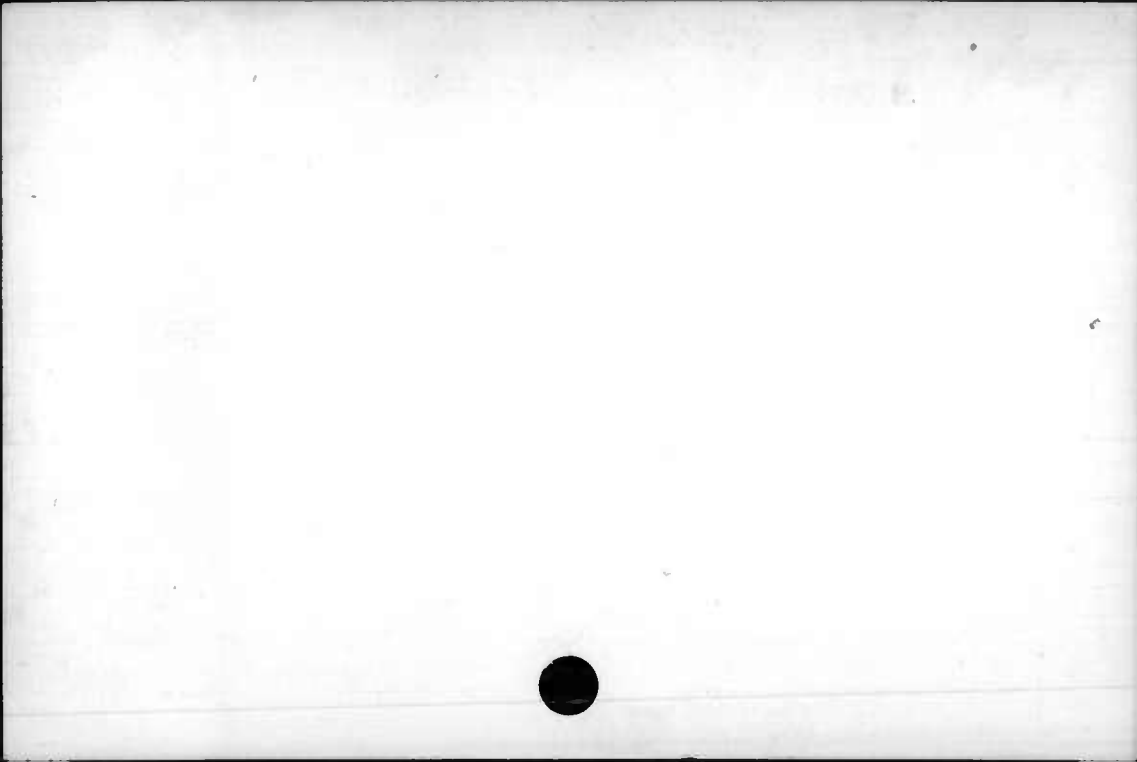
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ponssville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>June</u> ^{Month}	<u>4</u> ^{Day}	Age <u>3</u> ^{Years}	<u>10</u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Smithsburg</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>no</u>		Name of Wife or Husband			
Father's Name <u>David C Brown</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>Alice Lunn</u>			Mother's Birthplace <u>Foxville</u>		
Name of person giving Information <u>D. C. Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Appendicitis</u>	How long <u>Week</u>
Immediate <u>Colapase</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Massie M.D.</u>
	Address <u>Smithsburg Md.</u>
Accident or Suicide?	



Name
in
Full

Helen Amelia Rebecca Bussard

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Wash.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

6

23

Age

—

4

2

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Frank Bussard

Father's
Birthplace

Md.

Mother's
Maiden Name

Nettie Showman

Mother's
Birthplace

9'

Name of person giving
information

Frank Bussard

How related
to deceased

father.

CAUSES OF DEATH

Primary

Gastric Catarrh 3 months.

Immediate

Inanition

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. Poase

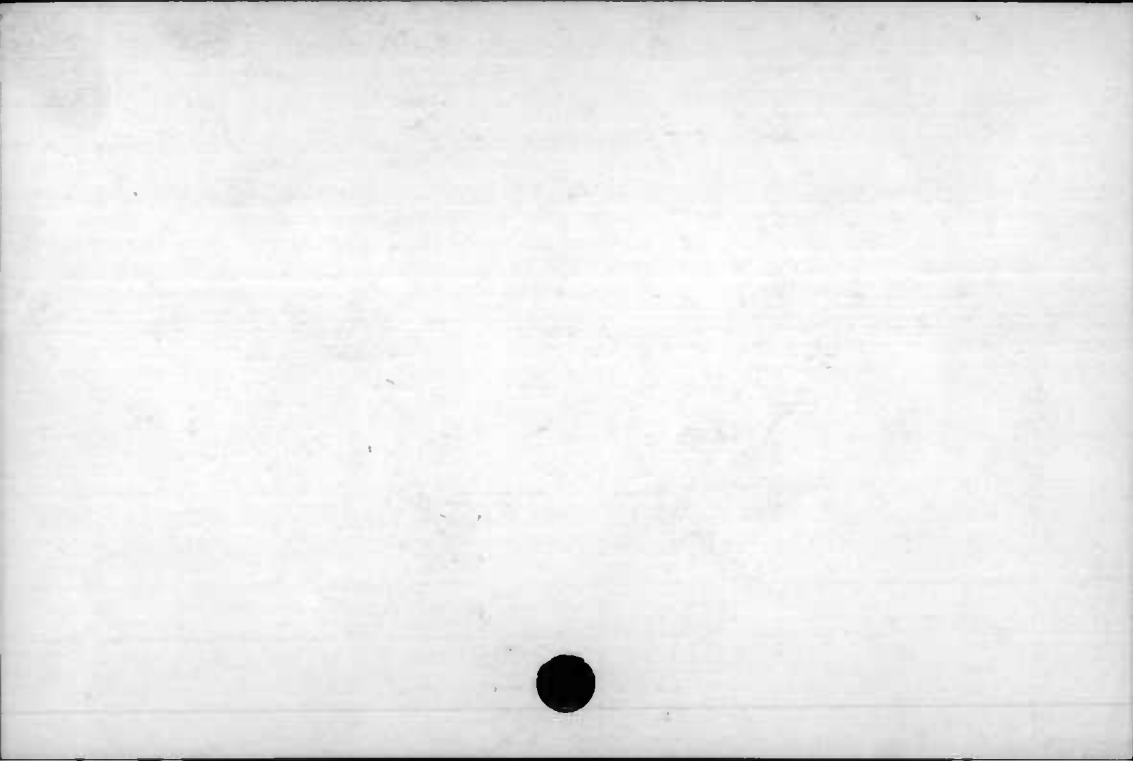
Address

Hagerstown

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mrs. Elizabeth Siehl

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

Month

Day

Age

Years

Months

Days

of death

1905

6

11

87

2

7

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of ~~Wife~~
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

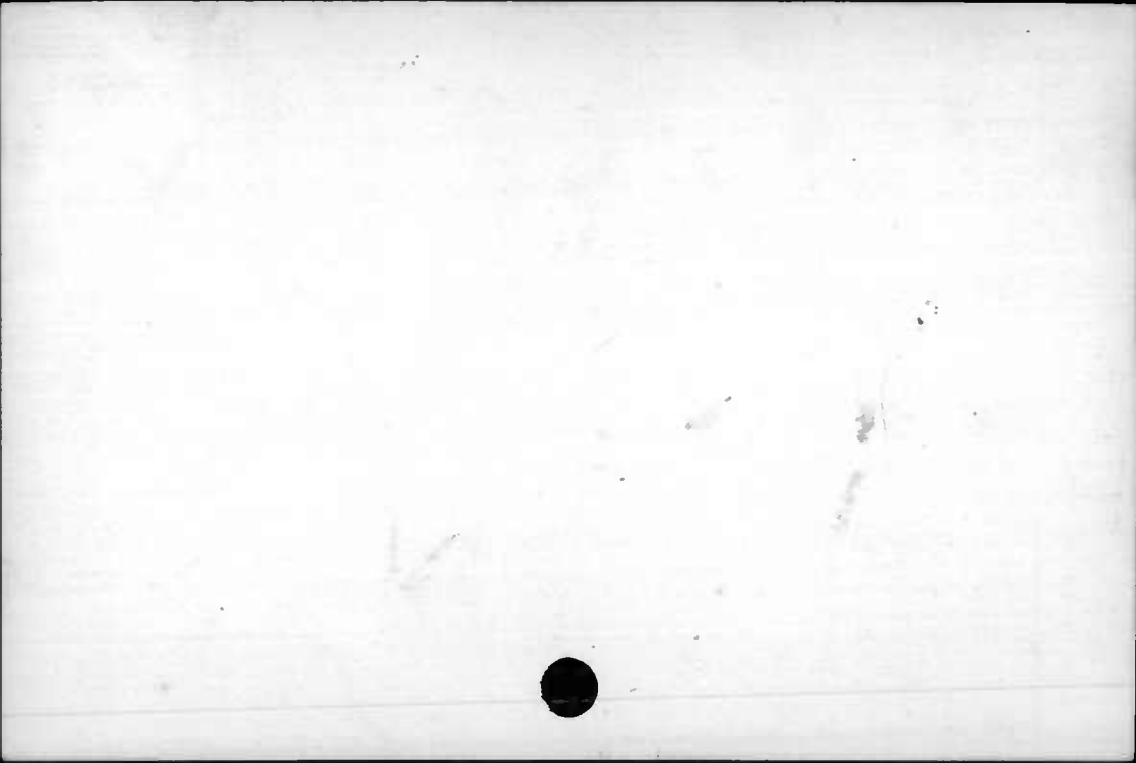
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

9



Name
in
Full

Samuel Di-Novo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>6</i>	Years <i>28</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Italian</i>		Birth-place <i>Italy</i>		
Occupation <i>Fruit Dealer</i>	Where Residing if not at place of death <i>Hagerstown</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>C. De-novo</i>	Father's Birthplace <i>Italy</i>		Mother's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Milner</i>	Name of person giving information <i>Leonard De-novo</i>		How related to deceased <i>Brother</i>		

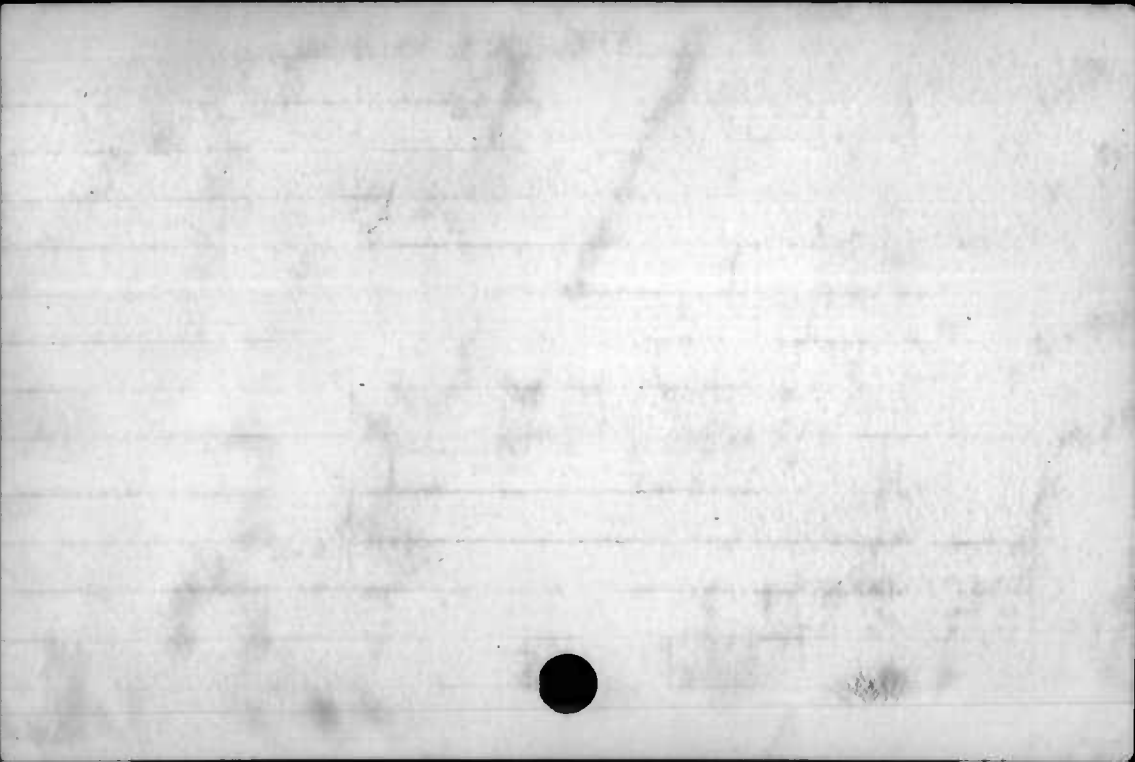
CAUSES OF DEATH

PHYSICIAN
OR CORONER


Primary <i>Tuberculosis</i>	How long <i>17 yr.</i>
Immediate <i>Peritonitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Scheeler</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name in Full		MARTHA FOCKLER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lydia or near</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
		Date of death <i>1905</i>	Month <i>6</i>	Day <i>9</i>	Years <i>Age about 60y.</i>	Months	Days
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co</i>		
		Occupation <i>House work</i>		Where Residing if not at place of death <i>near Lydia</i>			
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>was George Fockler</i>				
PHYSICIAN OR CORONER		Father's Name <i>Henry Lige</i>			Father's Birthplace <i>Washington Co</i>		
		Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>		
		Name of person giving information <i>Elonance Smith</i>			How related to deceased <i>Daughter</i>		
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Sarcoma of Jaw</i>			How long <i>7 mos</i>		
		Immediate <i>Exhaustion</i>			How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>H. M. Reichard</i>		
					Address <i>Hairplay,</i>		
		Accident or Suicide?					



Name in Full		Susan Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sharpsburg	County Washington		MARYLAND	
	Date of death	1900	Month 6	Day 15	Age 61	Years	Months Days
	Sex	Female		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death		Charlestown	
	Married, Single or Widowed			Name of Wife or Husband	dead		
	Father's Name	Emanuel Little				Father's Birthplace	Maryland
PHYSICIAN OR CORONER	Mother's Maiden Name	Don't know				Mother's Birthplace	Don't know
	Name of person giving information	James Shroyers				How related to deceased	Raised by de- ceased.
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	General Debility				How long	7 or years
	Immediate	Exhaustion				How long	quite a while
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. Howell Garrison
					Address		Sharpsburg - Md
Accident or Suicide?							

Eugene Markes
Undertaker,


0170/11/20

Name
in
Full

Elsie Catharine Grimm

CERTIFICATE OF DEATH

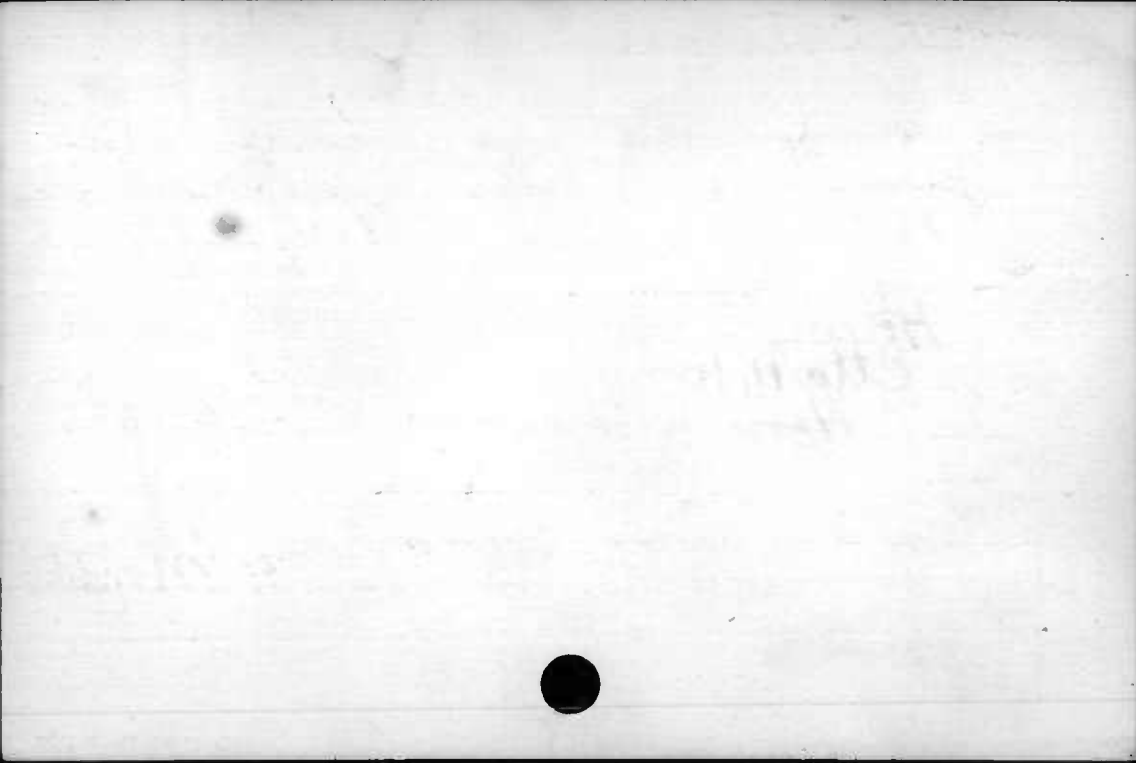
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trago</u> Town		<u>Washington</u> County		<u>State</u> MARYLAND	
Date of death	<u>1905</u> Year	<u>6</u> Month	<u>13</u> Day	<u>1</u> Year	<u>10</u> Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Trago</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>Trago</u>	
Married Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Harmon Grimm</u>			Father's Birthplace	<u>Pohrersville</u>
Mother's Maiden Name	<u>Etta M Huntberry</u>			Mother's Birthplace	<u>Boonsboro</u>
Name of person giving information	<u>Harmon Grimm</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Lung Trouble</u>	How long	<u>4 1/2 months</u>
Immediate		How long	<u>4 1/2 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hancock</i>				<i>Washington</i>				MARYLAND			
		Date of death <i>1905</i>		Month <i>June</i>		Day <i>25</i>		Age <i>12</i>		Years <i>9</i>		Months <i>17</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hancock Md.</i>		Occupation <i>None</i>		Where Residing if not at place of death <i>Did at home.</i>			
		Married, Single or Widowed		Name of Wife or Husband									
		Father's Name <i>John W. Gunnells.</i>		Mother's Maiden Name <i>Mary A. Trumble.</i>		Name of person giving information <i>John W. Gunnells.</i>		Father's Birthplace <i>Fulton Co Pa.</i>		Mother's Birthplace <i>Hancock Md.</i>		How related to deceased <i>Father.</i>	
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>				How long <i>3 weeks</i>							
		Immediate <i>apnea</i>				How long <i>1 hour</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>L. A. West</i>							
						Address <i>Hancock</i>							
		Accident or Suicide? <i>No</i>											

Dr J. A. Hunt

Name In Full

Certificate of Death

William Hammill Still Born

Town

County

Hagerstown

Washington

MARYLAND

Died at

Date 1905

Month Day

Y. M. D.

Native of

Occupation

June 29

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Edward Hammel

Name

Bertha Hammel

Cause of

Primary

Still Born

How long sick

Death

~~Immediate~~

Accident, Suicide, Homicide

Reported by

S W Urnstot M.D.

Address

Hagerstown Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Marion Harmon</u>		County <u>Washington</u>		
		Town <u>Hagerstown</u>		State <u>MARYLAND</u>		
		Date of death <u>1906</u>	Month <u>6</u>	Day <u>1</u>	Age <u>26</u>	Months <u>9-</u>
		Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>md</u>		
		Occupation <u>Child</u>	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <u>Walter Harmon</u>		Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>D. Forence Key</u>		Mother's Birthplace <u>md</u>				
Name of person giving information <u>Walter Harmon</u>		How related to deceased <u>Father</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary	<u>Malnutrition, 1 mos child</u>		How long <u>Since birth</u>	
		Immediate	<u>Exhaustion</u>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		
		Signature of Physician <u>Chas. P. Pagan</u>		Address <u>Hagerstown, Md</u>		
		Accident or Suicide?				

Haystower

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Russell Hock</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>6</i>		Day <i>3</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>3</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months <i>7</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Jerre Hock</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Annie Jones</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Jerre Hock</i>		How related to deceased <i>Father</i>					

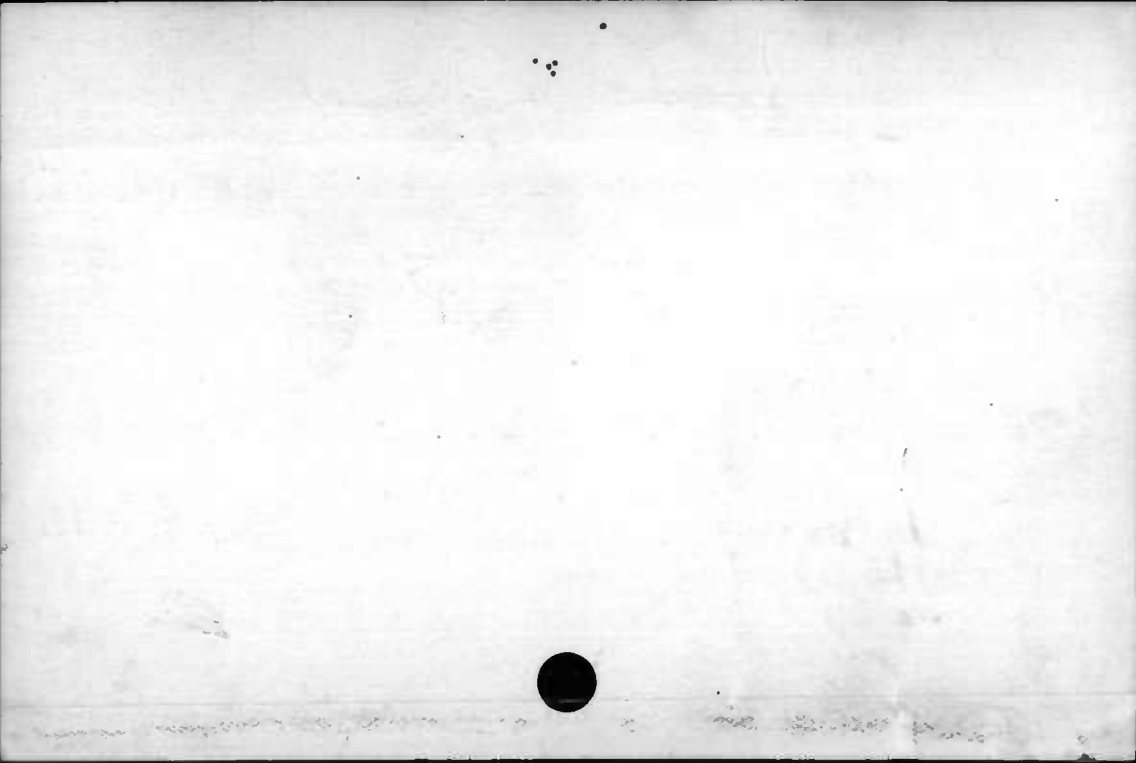
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spina Bifida</i>	How long	<i>50</i>
Immediate	<i>Meningitis</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Morrison</i>	
Address <i>Hagerstown md</i>		Address <i>Hagerstown md</i>	
Accident or Suicide? <i>NO.</i>			

Shypharshy

Name in Full		Town		County		CERTIFICATE OF DEATH	
Maria		Hobbsman		Washington		MARYLAND	
Died at		Downtownville		Washington			
Date of death		1905	June	21	Age	73	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Downtownville	
Married, <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		Name of Wife Husband		Benjamin F. Hoffmann			
Father's Name		David Keitwick		Father's Birthplace		Wash Co	
Mother's Maiden Name		Susan Gay		Mother's Birthplace		Wash Co	
Name of person giving Information		C. I. Blinn		How related to deceased		Son-in-law	
CAUSES OF DEATH							
Primary		Pulmonary Tuberculosis				How long	
Immediate		Heart Failure				How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						Address	
						Williamsport - Md	
Physician OR CORONER							



Hoyt Lane

Name
in
Full

Malinda Anna Jackson No 250

CERTIFICATE OF DEATH

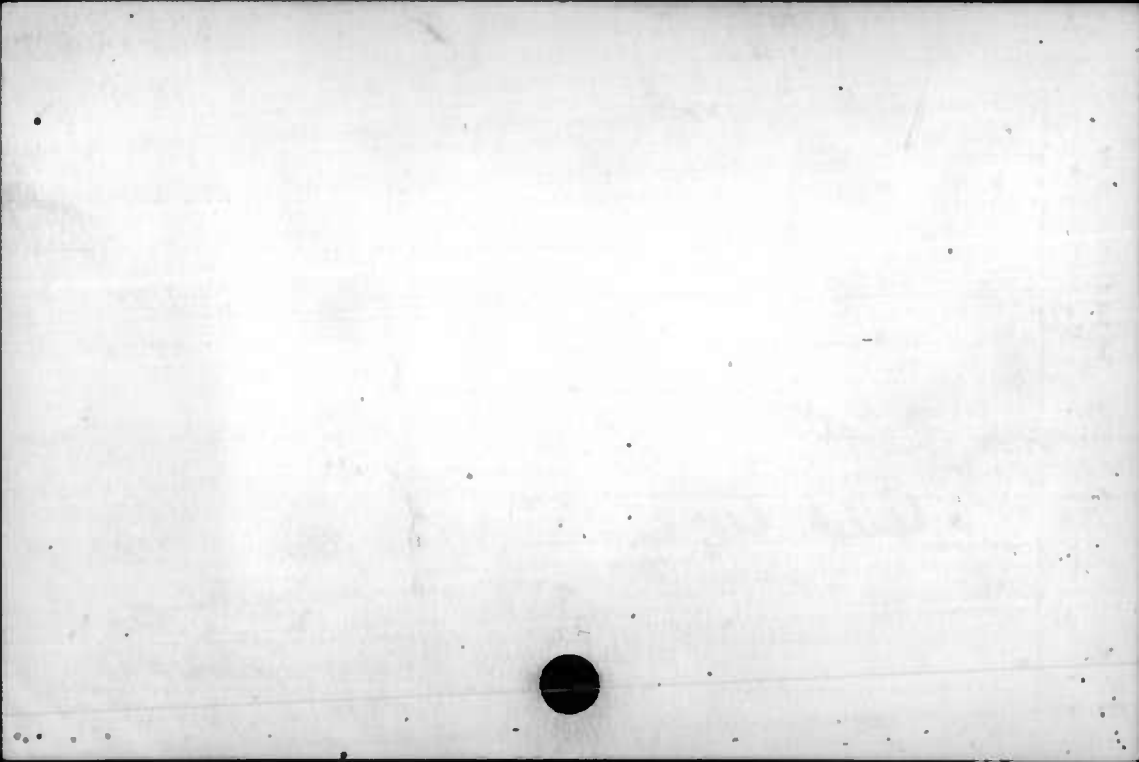
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millersport</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>190</i>	Month <i>June</i>	Day <i>13</i>	Years <i>79</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Woman</i>	Color or Race <i>White</i>		Birth-place <i>Middletown Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Malinda A Jackson</i>				
Father's Name <i>William Lancaster</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Harriette Lucas</i>	Mother's Birthplace <i>Kentucky</i>				
Name of person giving Information <i>Wm A. Garrett</i>	How related to deceased <i>Mother in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	How long <i>6 months</i>
Immediate <i>"</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. K. Srinichy</i>
<i>William A. Garrett</i>	Address <i>Maryland</i>
Accident or Suicide?	



Name
in
Full

William Jones

CERTIFICATE OF DEATH

Died at ^{Town} *Marysville*^{County} *Wash*

MARYLAND

Date of death *1905* ^{Month} *June* ^{Day} *22*^{Years} *86*^{Months} *10*^{Days}Sex *male*Color or Race *White*Birth-place *Maryland*Occupation *Laborer*

Where Residing if not at place of death

*Marysville*Married, Single or Widowed *Widowed*

Name of Wife or Husband

Father's Name *Garry Jones*Father's Birthplace *Ind*Mother's Maiden Name *Becker*Mother's Birthplace *Ind*Name of person giving information *John Wackin*How related to deceased *Son in Law*

CAUSES OF DEATH

Primary

Old Age

How long

Immediate

General Debility

How long

Are the name, age, sex, color, date and place correctly given above?

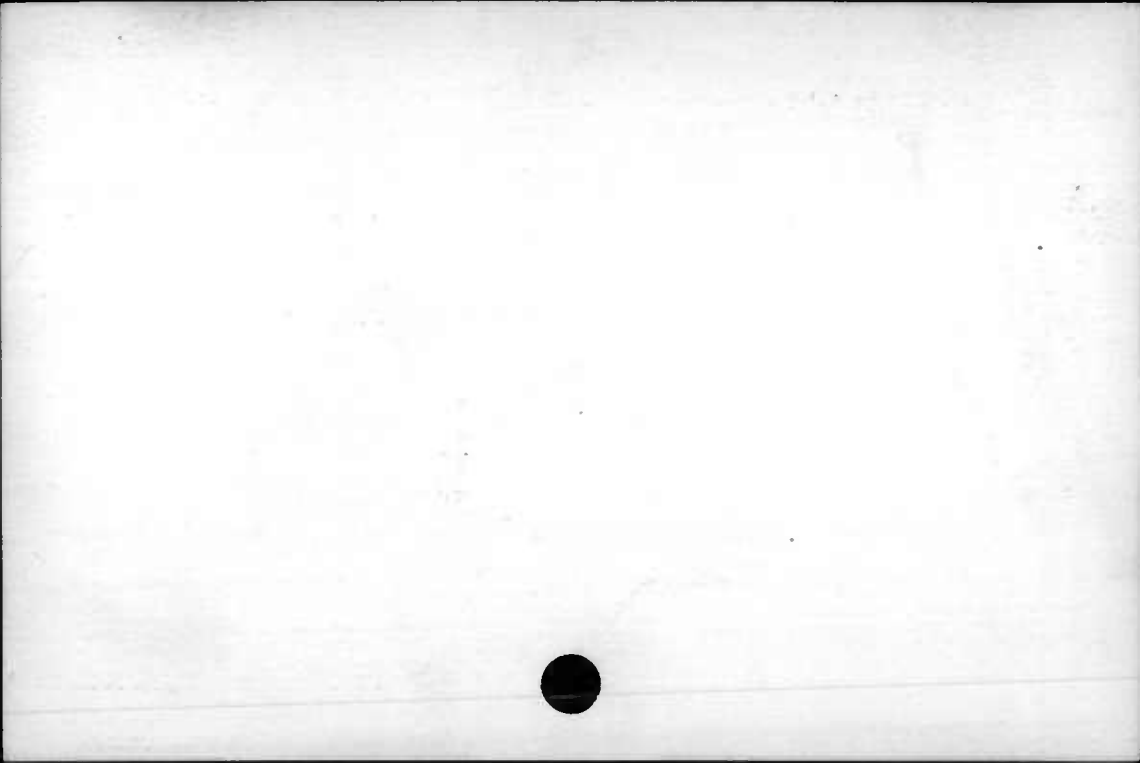
Signature of Physician

Address

*E. D. Davis**Boonsboro**Ind*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

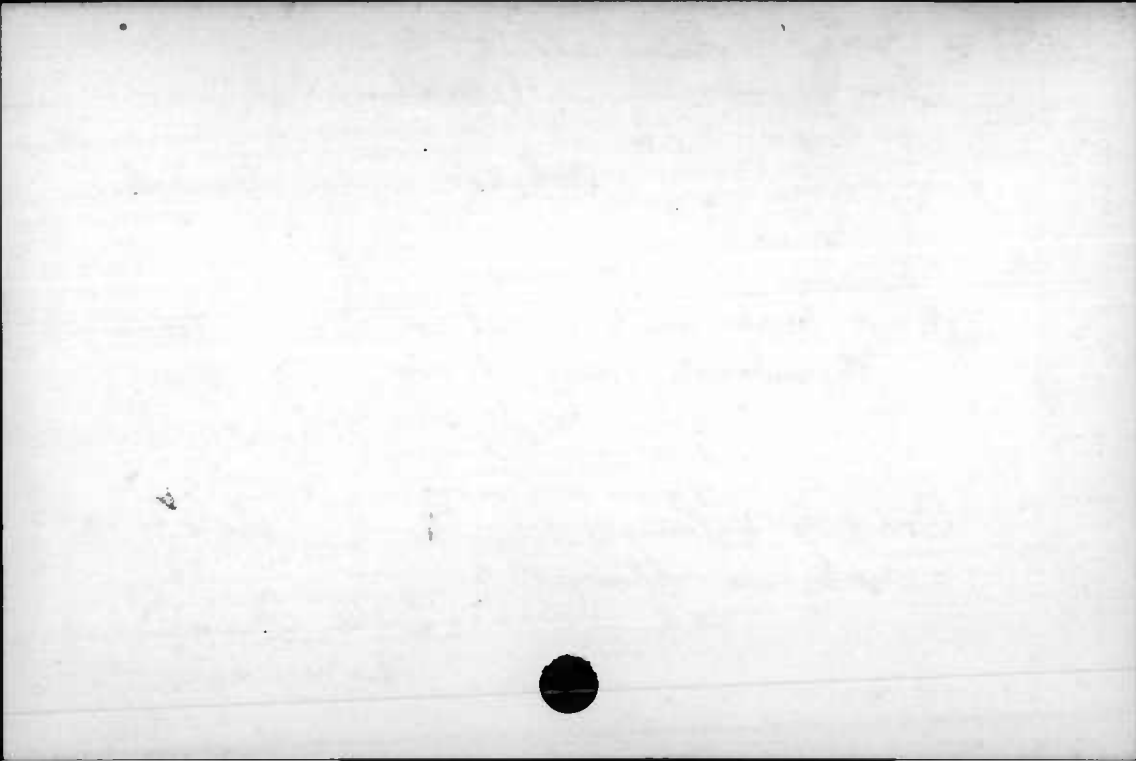
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Isord Keller		Town Breathensville		County Wash		State MARYLAND	
Died at Breathensville		Month 6		Day 26		Age 26	
Date of death 1905		Years 26		Months —		Days —	
Sex female		Color or Race white		Birth-place md			
Occupation Child		Where Residing if not at place of death —					
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name J. Edgar Keller		Father's Birthplace md					
Mother's Maiden Name Mary Rowe		Mother's Birthplace "					
Name of person giving information J. Edgar Keller		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long S.
Immediate	Still born	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician V. M. Reichard
		Address Fairplay, Md.
Accident or Suicide?		



Name
in
Full

Herman Kemp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sharpsburg</i> ^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	^{Month} <i>6</i>	^{Day} <i>24</i>	^{Years} <i>64</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	^{Months} <i>7</i> ^{Days} <i>22</i>
Occupation <i>~~~~~</i>	Where Residing if not at place of death <i>Sharpsburg</i>		
Married, Single or Widowed	Name of Wife or Husband <i>~~~~~</i>		
Father's Name <i>George Kemp</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Maria McCoy</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>James Kemp</i>	How related to deceased <i>Brothers</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterial Sclerosis with Encephalopathy</i>	How long	<i>Several years</i>
Immediate	<i>Heart Failure</i>	How long	<i>A short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Howard Boardman</i>	
		Address <i>Sharpsburg Md</i>	
Accident or Suicide?			

Eugene Markes.
Undertakes.

Name
in
Full

William Kindel

CERTIFICATE OF DEATH

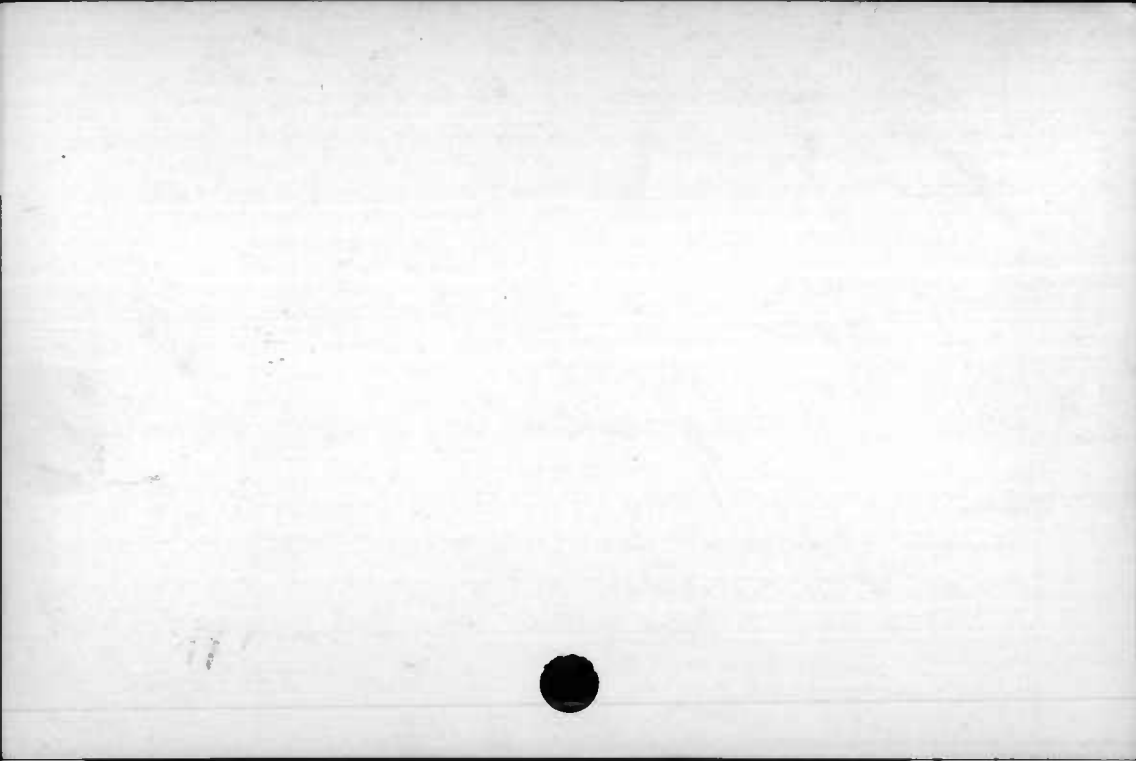
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant valley</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>9</i>	Age <i>86</i>	Months <i>4</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant valley</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>1 1 1</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William Kindel</i>				
Father's Name <i>William Kindel</i>	Father's Birthplace <i>none</i>		Mother's Birthplace <i>11</i>		
Mother's Maiden Name <i>Rosey Bowers</i>	Name of person giving information <i>Abraham Kindel</i>		How related to deceased <i>Son</i>		

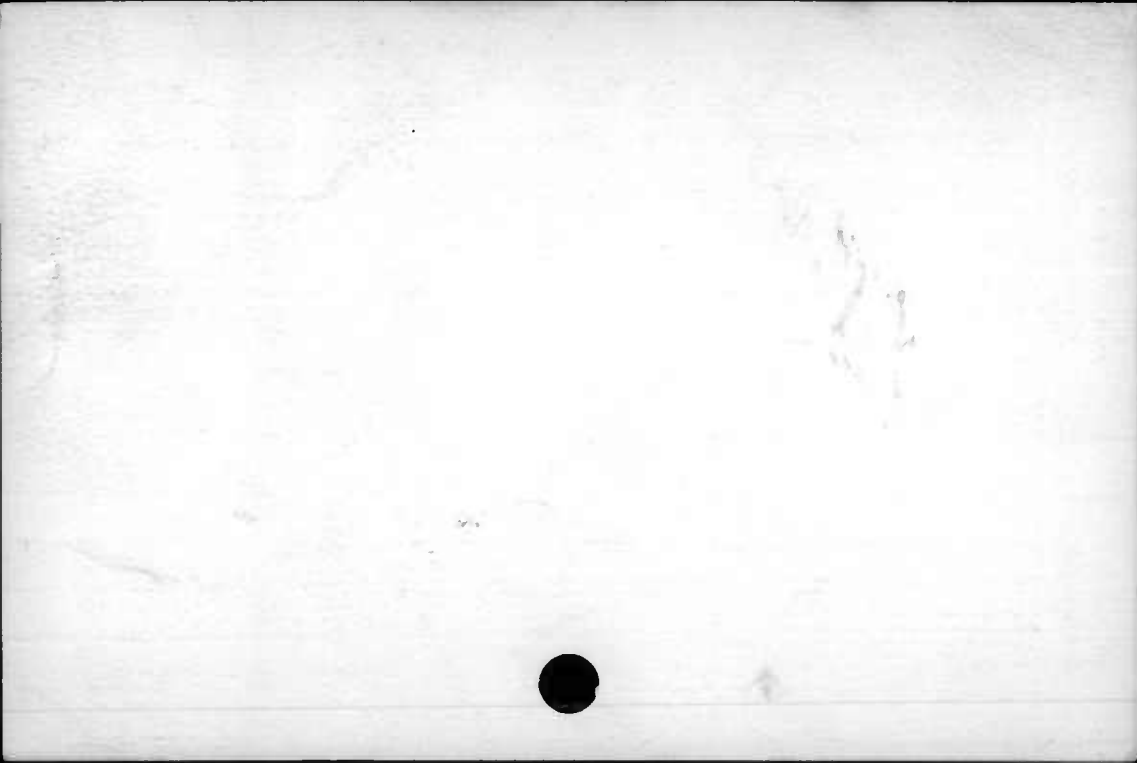
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 Year.</i>
Immediate <i>Paralysis + General Dility</i>	How long <i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Jarboe</i>
	Address <i>Md.</i>
Accident or Suicide?	



Name in Full		A. Raymond Kinder Sr				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Boonsboro		County Wash		
		Date of death		1905	Month June	Day 12	Age	Years
		Sex		male	Color or Race		White	Birth-place
		Occupation				Where Residing if not at place of death		7
		Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER		Father's Name		A. Raymond Kinder		Father's Birthplace		
		Mother's Maiden Name		Winifred Grace Slovic		Mother's Birthplace		
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Conges of lungs		How long		
		Immediate		Imp. Aeration		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
						S. S. Davis		
						Boonsboro		
						Md.		
		Accident or Suicide?						



Name
in
Full

Arthur Dewey Kimble No 253

CERTIFICATE OF DEATH

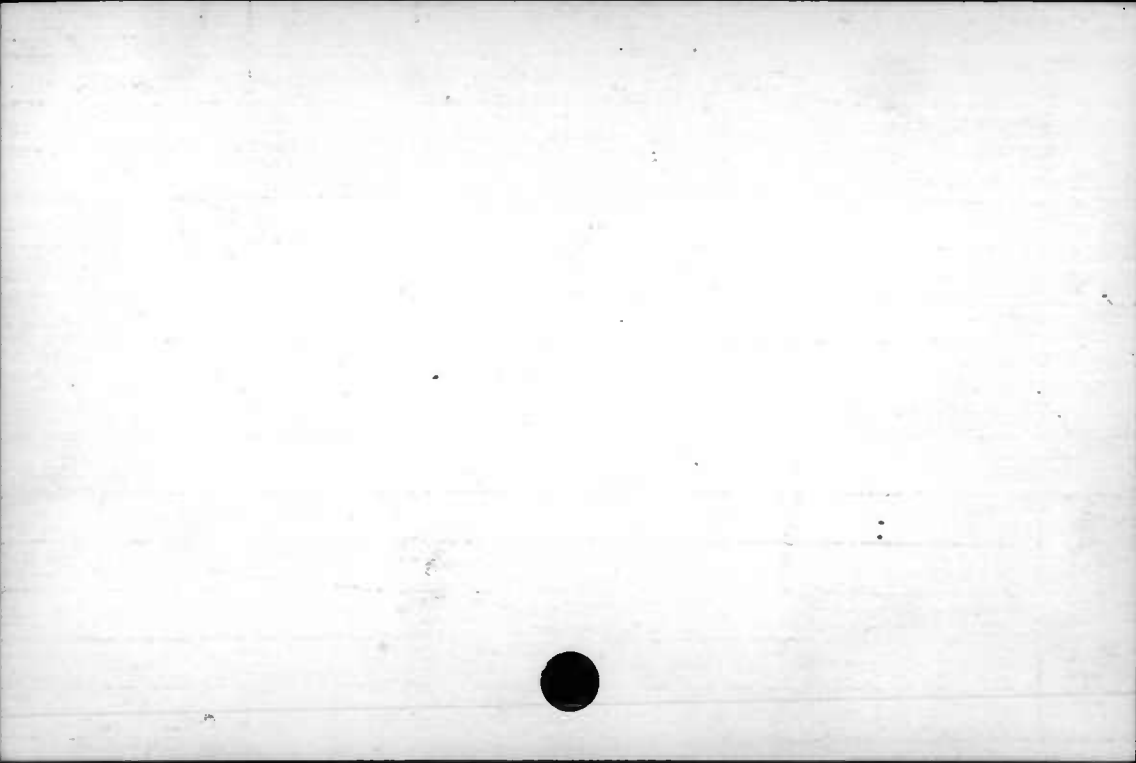
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wmst</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>29</i> ^{Day}	Age <i>5</i> ^{Years}	<i>11</i> ^{Months}	<i>25</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wmst Ma</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed			Name of Wife or Husband _____		
Father's Name <i>Wm A Kimble</i>			Father's Birthplace <i>Wmst Ma</i>		
Mother's Maiden Name <i>Annie E Lichte</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Wm A Kimble</i>			How related to deceased <i>Father</i>		

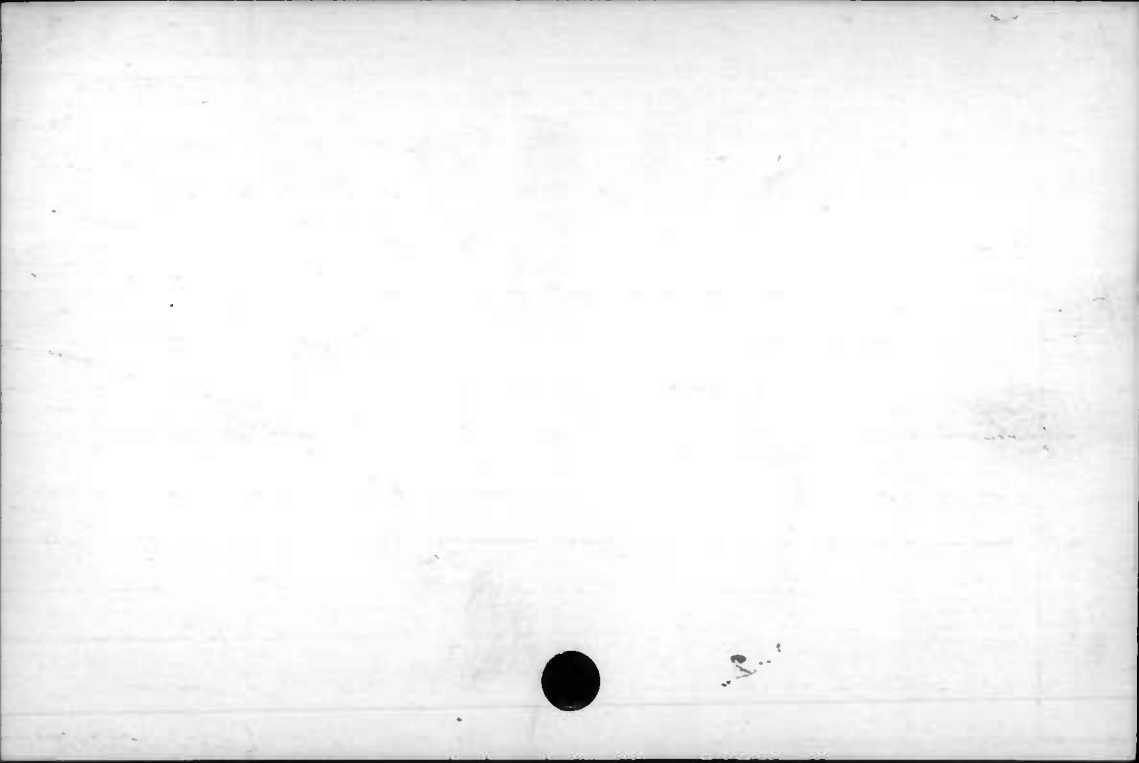
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>One hour</i>
Immediate <i>Asphyxiated</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wertz</i>
	Address <i>Williamport Md</i>
Accident or Suicide? <i>Accident</i>	



Name in Full		Chas Andrew Knible No 254				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		Month	Day	Age	Years
		Sex		Color or Race	Birth-place	Months	Days
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles S. Losh</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>6</i>		Day <i>30</i>		Age <i>53</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Music Dealer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice T. Losh</i>					
Father's Name <i>Steven Losh</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Catharine Burr</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Robert Losh</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Myocarditis</i>		How long <i>2 yrs.</i>	
Immediate <i>Dehydration Pulmonary Embolism</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Morrison</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>no</i>			

Sandisburg Pa

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hancock</i>		County <i>Wash.</i>		MARYLAND	
		Date of death <i>1905 June</i>		Day <i>29</i>	Years <i>23</i>	Months <i>5</i>	Days <i>2X</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place			
		Occupation <i>None</i>	Where Residing if not at place of death <i>Mercersburg Pa.</i>				
		Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas M. C. Cifer</i>				
		Father's Name <i>John Reed</i>	Fether's Birthplace <i>Not known</i>				
		Mother's Maiden Name <i>Mary Ann Krom</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Ella May M. C. Cifer</i>		How related to deceased <i>Grand Daughter</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Dysentery</i>			How long	<i>2 weeks</i>	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. E. Deigo</i>		Address <i>Hancock</i>	
	Accident or Suicide?						

Dr P. E. Stigers.

Name in Full David H. Martin		CERTIFICATE OF DEATH	
Place of death State Line, Pa.		County Washington	
Died at		MARYLAND	
Date of death 1905	Month June	Day 3	Age 56
Sex Male		Color or Race White	Months 0
Married, Single or Widowed Married		Days 20	
Occupation Farmer		Birthplace Maryland	
Name of Wife or Husband Mary L Horst			
Father's Name Jacob Martin		Father's Birthplace Lancaster Pa	
Mother's Maiden Name Elizabeth Horst		Mother's Birthplace Lancaster Pa	
Name of person giving information Peter L Martin		How related to deceased Son	
CAUSES OF DEATH			
Primary Chronic Gastritis		How long 104 14 months	
Immediate Nervous Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician D C R Miller M.D.	
		Address Major & Dillon, Pa.	
Accident or Suicide? —			



Name
in
Full

Kearlene F Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>June</i> ^{Month}	<i>15</i> ^{Day}	Age <i>5</i> ^{Years}	<i>3</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hagerstown</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>60 Madison ave</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>W F Mason</i>	Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Ezzie R Seigman</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>W F Mason</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculous Meningitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B M Dagawan</i>
		Address	<i>Hagerstown, Md</i>
Accident or Suicide?	<i>No</i>		

Rose hill

Name
in
Full

Mary Elizabeth Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		June	16	71	1	17	
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
Servant							
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name		Father's Birthplace					
Martin Miller		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Susan Snook		Maryland					
Name of person giving information		How related to deceased					
Etta Brayers		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
A complication of malarial fever	Four years
Immediate	How long
Exhaustion	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Dr. J. H. Harrison
	Address
	Washington MD
Accident or Suicide?	
No.	

Brunnigt, Bart

Name
in
Full

Lyda Ann Rebecca Myers

CERTIFICATE OF DEATH

State
MARYLANDTO BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Carmel

Town

Washington

County

Date

of death 1905

Month

6

Day

5

Age

Years

78

Months

7

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Mt. Carmel

Occupation

House Wife

Where Residing if not
at place of death

Mt. Carmel

Married, ~~Single~~Name, Wife or
Husband

Samuel Myers

Father's
Name

Conrad F. Flook

Father's
Birthplace

Middletown

Mother's
Maiden Name

Mary M. Smith

Mother's
BirthplaceName of person giving
information

Ella Myers

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Malignant Jaundice

How long

6 months

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

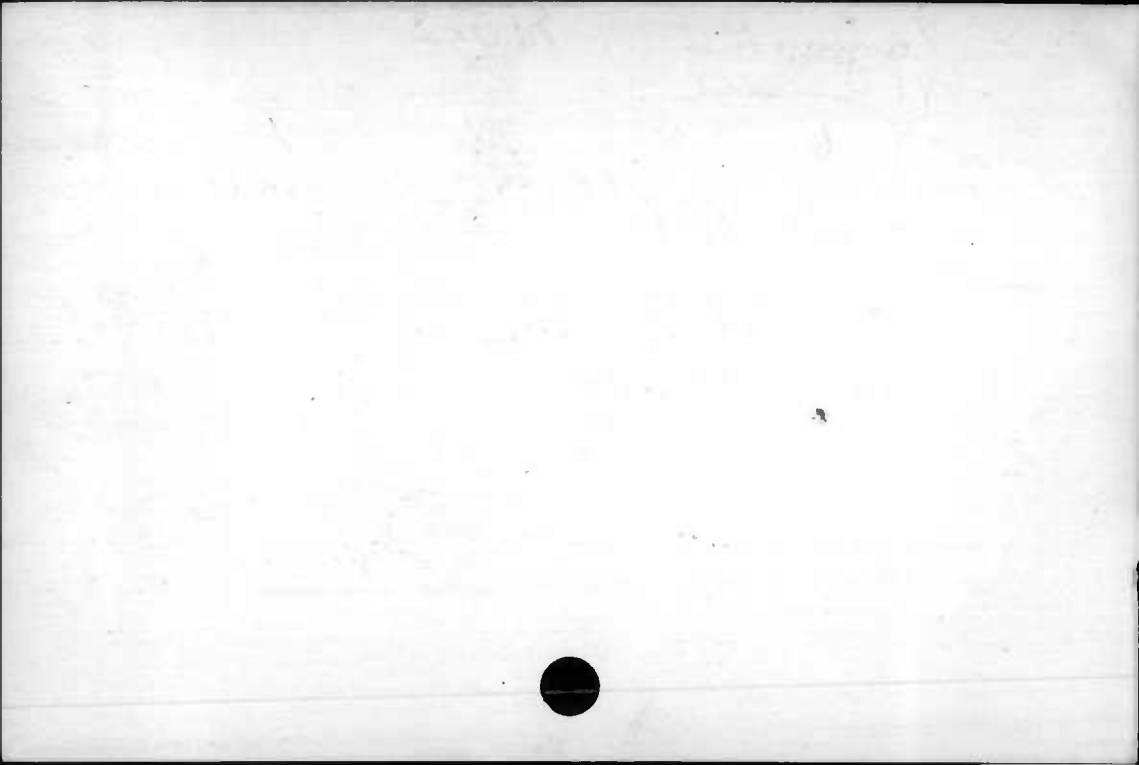
Address

H. M. Kihiser

Keedyville

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Leroy Preston Nicholas		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 6		Day 10		Years —	
Date of death 1905		Age —		Months —		Days 5 hours	
Sex Male		Color or Race white		Birth-place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Leroy Nicholas		Father's Birthplace md					
Mother's Maiden Name Hessie Baker		Mother's Birthplace md					
Name of person giving information Leroy Nicholas		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	15
Immediate	Caused by a fall down stairs	How long	1
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. Preston Miller	
		Address Hagerstown md	
Accident or Suicide?			

Jacob Miller
for
Russell -

Name
in
Full

Saum Nicoli

CERTIFICATE OF DEATH

Died at ^{Town} *Don No 6 on Chesapeake* ^{County} *Ohio* *was*

MARYLAND

Date of death **1905** ^{Month} *June* ^{Day} *13* ^{Years} *21* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Italy*Occupation *Interpreter* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Saum Nicoli* Father's Birthplace *Italy*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Interpreter* How related to deceased *—*

CAUSES OF DEATH

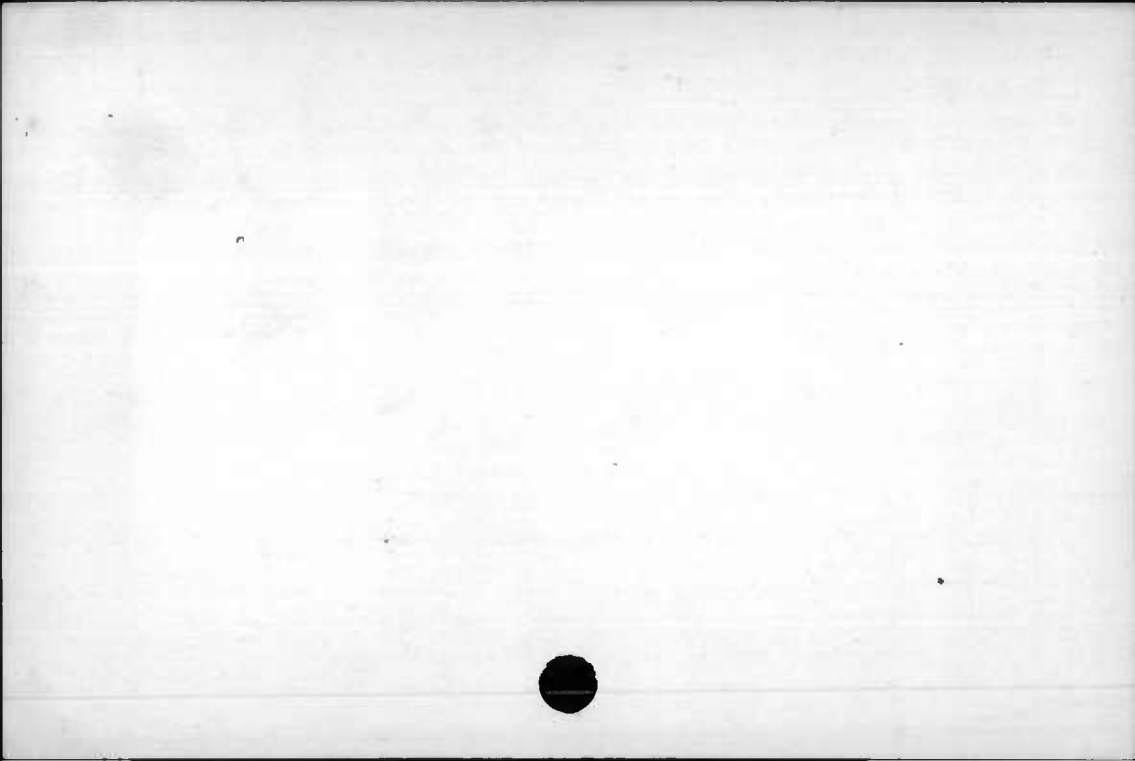
Primary *Not Known* How long *—*Immediate *—* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Martin Jenkins*Address *Wanacoct*

Accident or Suicide?

*Undertaker M. L.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Heelen B. Pierce

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

6

27

Age

-

-

7

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

child

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

William Pierce -

Father's
Birthplace

Md

Mother's
Maiden Name

Emma B. Potts

Mother's
BirthplaceName of person giving
In formation

William Pierce

How related
to deceased

father.

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

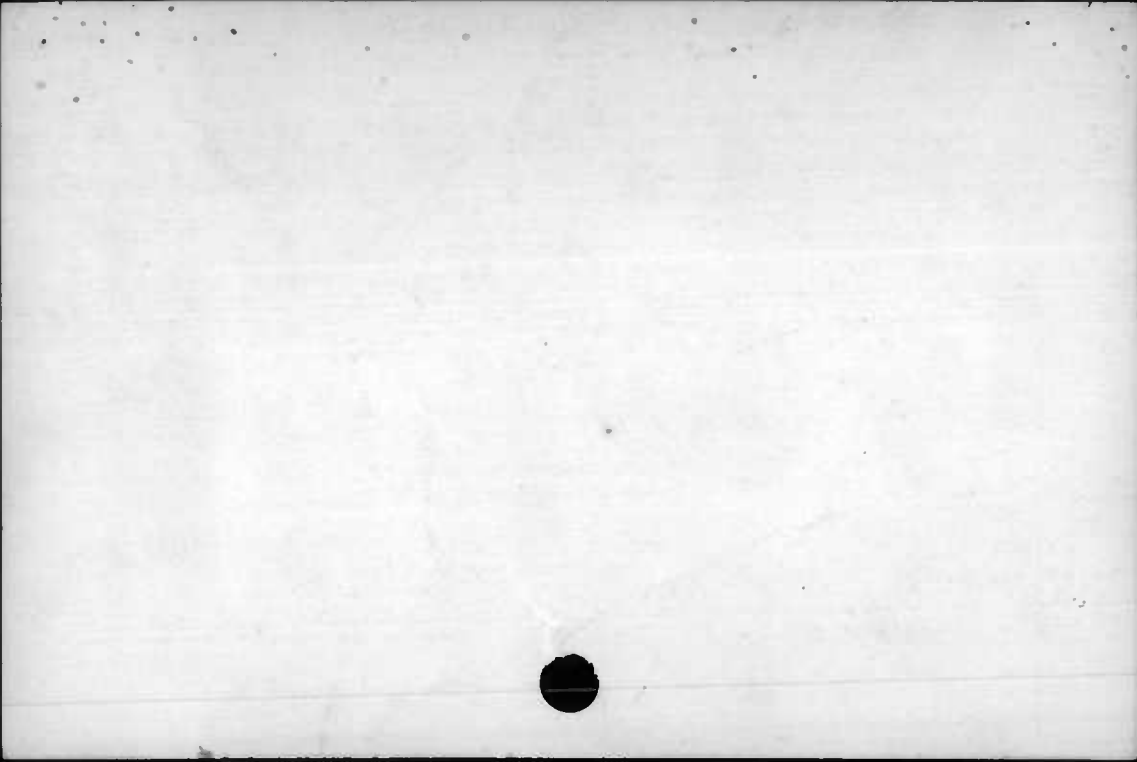
Signature of
Physician

Address

Chas B. Boyle
Hagerstown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jacob B Poffenbarger

CERTIFICATE OF DEATH

State
MARYLAND

Died at Locust Grove

County Washington

Date

of death

1905

Month

6

Day

20

Month

Years

41

Months

3

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Locust Grove

Occupation

Farmer

Where Residing if not
at place of death

Locust Grove

Married, Single
or WidowedName of Wife or
Husband

Alice Poffenbarger

Father's
Name

Josiah Poffenbarger

Father's
Birthplace

Rohrsville

Mother's
Maiden Name

Mary Ellen Dick

Mother's
Birthplace

Ohio

Name of person giving
in information

Josiah Poffenbarger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gun shot wound of abdomen

How long

Immediate

Hemorrhage, shock

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Hubert Wade, M.D.

Rohrsville, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Rauth

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

Month

Day

Years

Months

Days

of death

1905

6

8

49

8

8

Age

8

8

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Shoe-maker

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

George Rauth

Father's
Birthplace

Germany

Mother's
Maiden Name

Dorothea Bone

Mother's
Birthplace

"

Name of person giving
In formation

Mabel Rauth

How related
to deceased

sister

CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

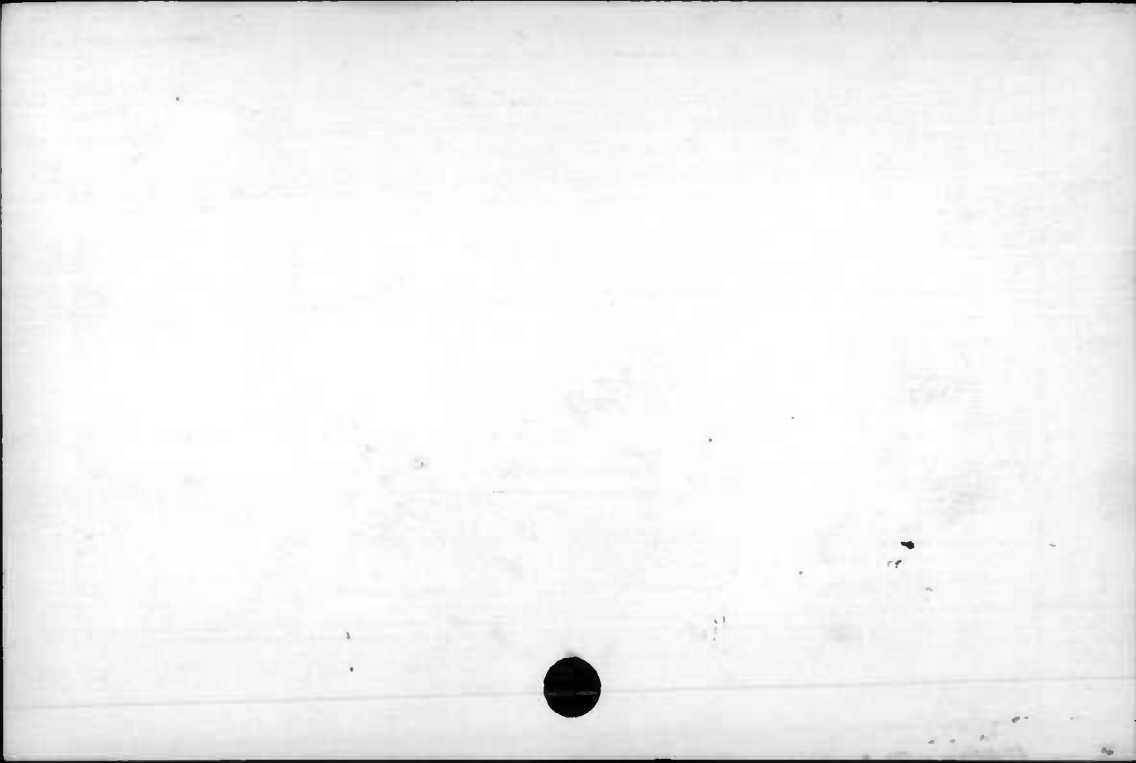
yes

Signature of
Physician

Address

AP Stauffer
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Henrietta H. Renner

CERTIFICATE OF DEATH

Died at Sharpsburg <small>Town</small>		Washington <small>County</small>		MARYLAND	
Date of death 1905	June <small>Month</small>	13 <small>Day</small>	Age 27 <small>Years</small>	3 <small>Months</small>	18 <small>Days</small>
Sex Female	Color or Race White		Birth-place Sharpsburg		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife McClellan Renner <small>Husband</small>				
Father's Name David Spring	Father's Birthplace Sharpsburg				
Mother's Maiden Name Ann Delaney Burns	Mother's Birthplace "				
Name of person giving Information Mrs. J. W. Hines	How related to deceased Sister				

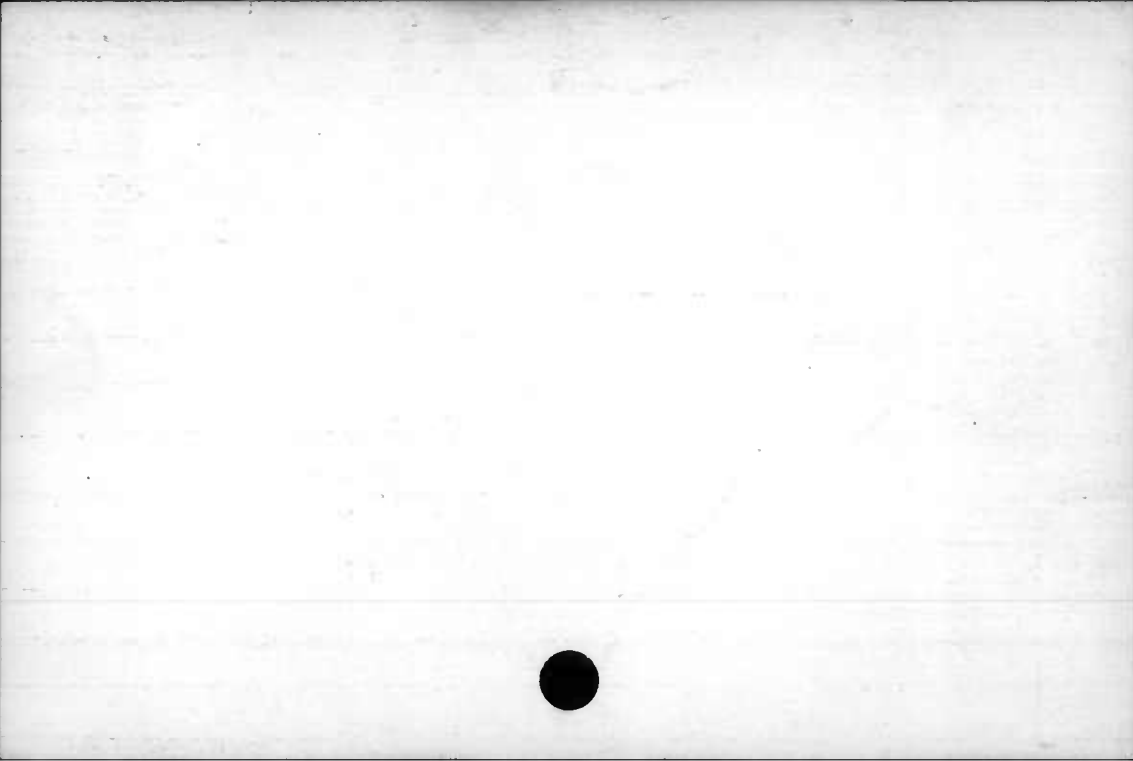
CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long 3 or 4 yrs.
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician G. M. Gurnett
	Address Sharpsburg, Md.	
Accident or Suicide?		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. S. Wade
Understudies

Name in Full		George Washington Reid						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Smithsburg		County Wash.		STATE MARYLAND	
		Date of death		1905	Month 6	Day 14	Age Years 64	Months 6	Days 22
		Sex		Male		Color or Race		White	
		Occupation		Photographer		Where Residing if not at place of death		Smithsburg Md	
		Married, Single or Widowed		Single		Name of Wife or Husband		Geo Washington Reid	
		Father's Name		John Reid		Father's Birthplace		West Chester Pa	
Mother's Maiden Name		Rebecca		Mother's Birthplace		Don't know			
Name of person giving information		George Reid		How related to deceased		Daughter			
<div style="text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary				Insanity + Decay of nervous system			
		Immediate				Exhaustion + Concomitant			
		Are the name, age, sex, color, date and place correctly given above?				yes			
		Accident or Suicide?							
Signature of Physician		J L Massie M D							
Address		Smithsburg Md							



Name
in
Full

William M. Schuchler.

CERTIFICATE OF DEATH

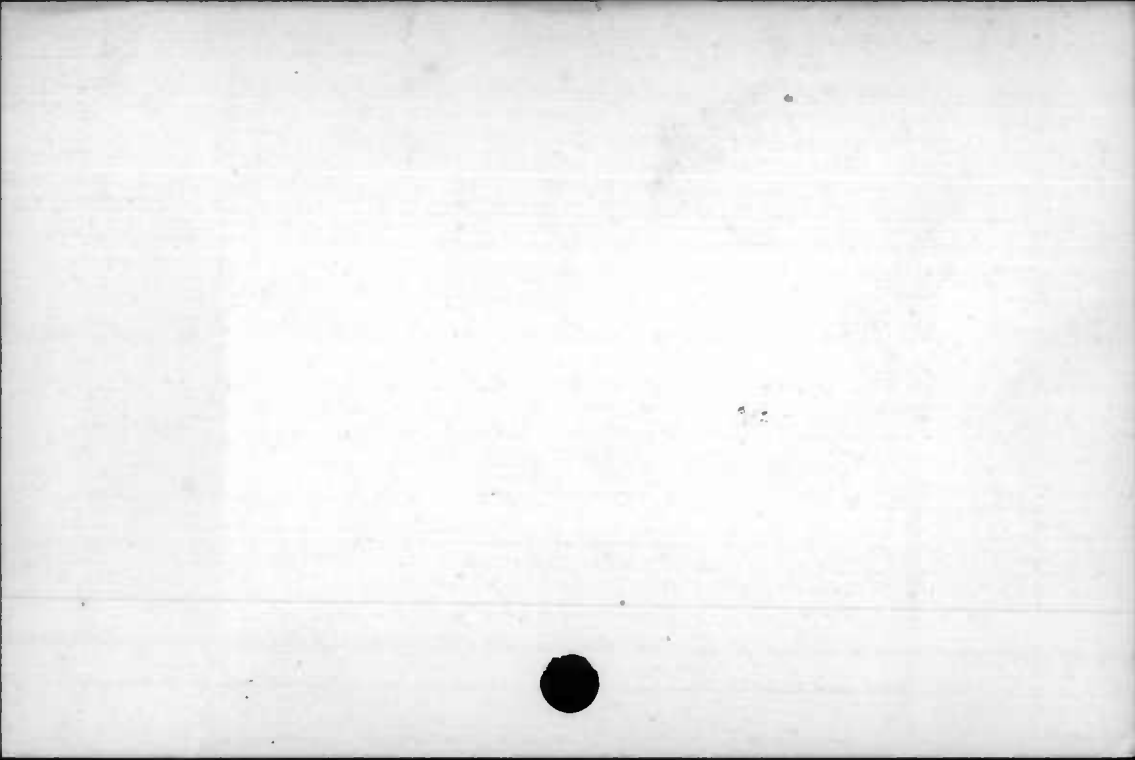
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>6</i> ^{Month}	<i>23</i> ^{Day}	<i>49</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Restaurant Keeper</i>	Where Residing if not at place of death <i>Hagerstown Md.</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband				
Father's Name <i>John Schuchler</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Eliz Soaruberger</i>	Mother's Birthplace				
Name of person giving information <i>J. Harry Schuchler</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>locomotor ataxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Schuchler</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs Mary E. Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

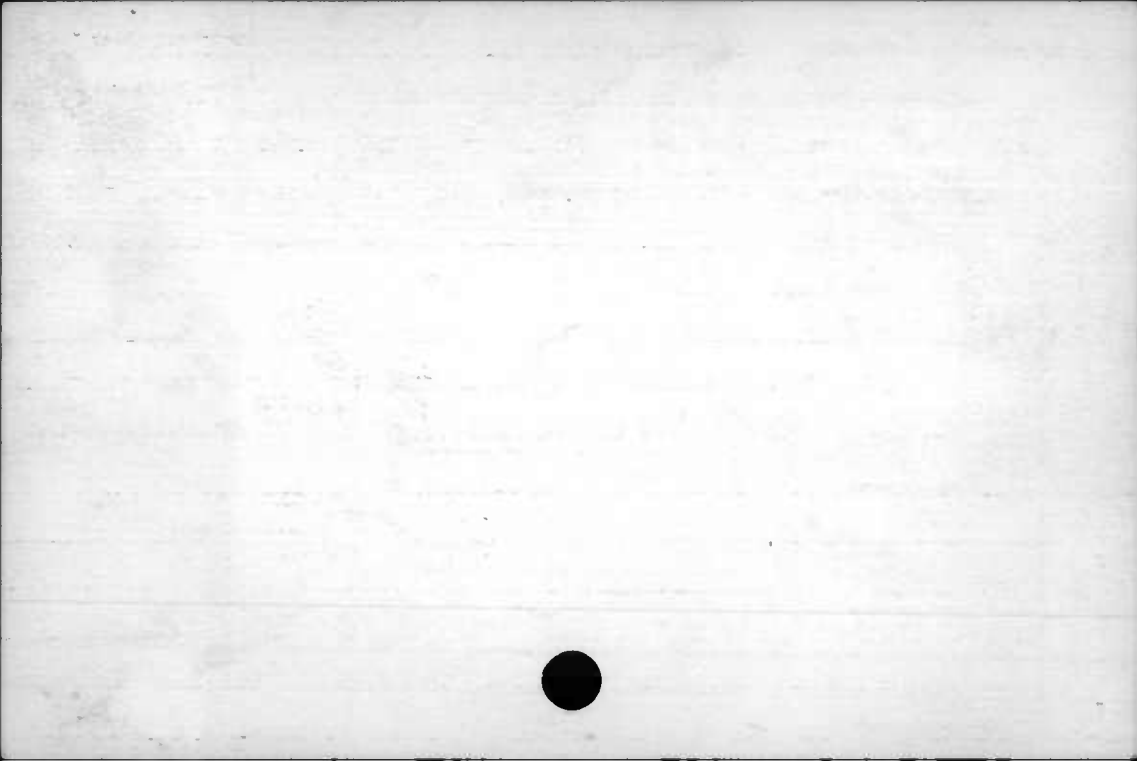
Died at *Greencastle* ^{Town}County *Franklin* *Pa.*Date
of death *1905*Month *Jan*Day *27*Age *48*

Years

Months *11*Days *7*Sex *Female*Color or
Race *White*Birth-
place *Frederick County
Maryland*Occupation *Housekeeper*Where Residing if not
at place of death *at Greencastle Pa*Married, Single
or Widowed *Married*Name of Wife or
Husband *John S. Shank*Father's
Name *Jacob Baumgardner*Father's
Birthplace *Maryland*Mother's
Maiden Name *Mary Leady*Mother's
Birthplace *Maryland*Name of person giving
In formation *John S. Shank*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Bright's Disease*How long *10 years*Immediate *Heart failure*How long *72 hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Franklin A. Bushey M.D.*Address *Greencastle Penna*Accident or Suicide? *neither*PHYSICIAN
OR CORONER



Name in Full		Martha Shara				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Mangansville		Wash-				
	Date of death	1905	Month	6	Day	26	Age
					Years	84	Months
						10	Days
						4	
	Sex	female		Color or Race	white		Birth-place
	Pa.						
Occupation	house wife		Where Residing if not at place of death				home
Married, Single or Widowed	widow		Name of Wife or Husband				
Father's Name	Peter Shara				Father's Birthplace	Pa	
Mother's Maiden Name	Elizabeth Gorse				Mother's Birthplace	Pa	
Name of person giving information	Catherine Ebersole				How related to deceased	daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	old age				How long	—
	Immediate					How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Mason & Wixon		
Accident or Suicide?				Mangans & son enterbers			Pa

0170/11/26

Name
in
Full

William Henry Show

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

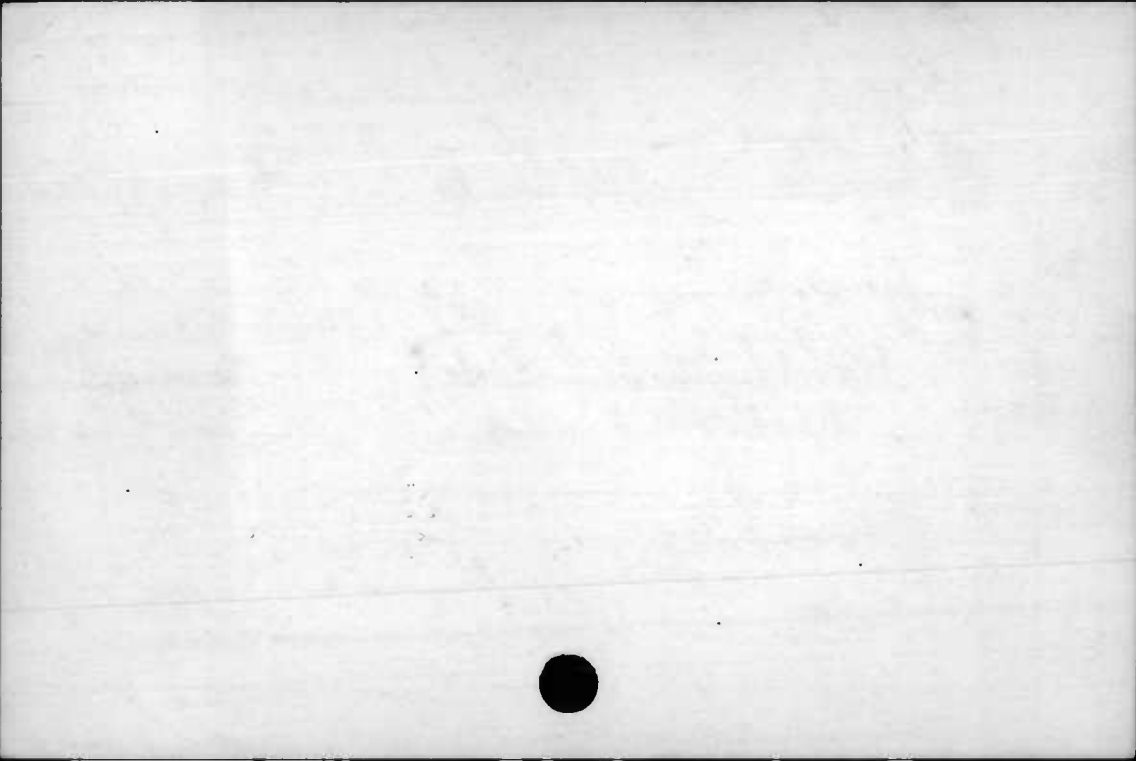
Died at ^{Town} <i>Sharpsburg</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1900	Month	6	Day	9
Age	70	Years	6	Months	29
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death <i>Sharpsburg</i>		
Marrried , Single or Widowed	Name of Wife or Husband		<i>Widow</i>		
Father's Name	<i>John Show</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Wm. Knowl.</i>			Mother's Birthplace	
Name of person giving information	<i>Lehas Show</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>General Debility</i>	How long	<i>Five years</i>
	Immediate	<i>Paralysis</i>	How long	<i>A short time</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Howell Gardner</i>	
			Address <i>Sharpsburg - Md.</i>	
Accident or Suicide?				

Eugene Markes,
Undertaker,

Name in Full		Batharine E. Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown		County Washington		MARYLAND	
	Date of death		1904	Month 6	Day 14	Age	Years 62	Months 2
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		Germany	
					Where Residing if not at place of death			
	Married, Single or Widowed		Widow		Name of Wife or Husband		Charles Smith	
	Father's Name		Charles Smith		Father's Birthplace		Germany	
Mother's Maiden Name		Margaret Grass		Mother's Birthplace		..		
Name of person giving information				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Rheumatism		How long		Several Weeks	
	Immediate		Endocarditis		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Dean	
					Address		Hagerstown	
	Accident or Suicide?							



Name
in
Full

Martha Smith

CERTIFICATE OF DEATH

Died at Reid ^{Town} Washington ^{County} **MARYLAND**

Date of death 1905 ^{Month} June ^{Day} 26th ^{Years} Age 1 ^{Months} 1 ^{Days}

Sex Female Color or Race White Birth-place Reid Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Clara Elvira Smith Father's Birthplace Ohio

Mother's Maiden Name Bertha M. Schindel Mother's Birthplace Warren, Pa.

Name of person giving information Bertha M. Smith How related to deceased Mother

CAUSES OF DEATH

Primary Premature Birth ^{How long} (5) ^{How long}

Immediate _____

Are the name, age, sex, color, date and place correctly given above?

yes

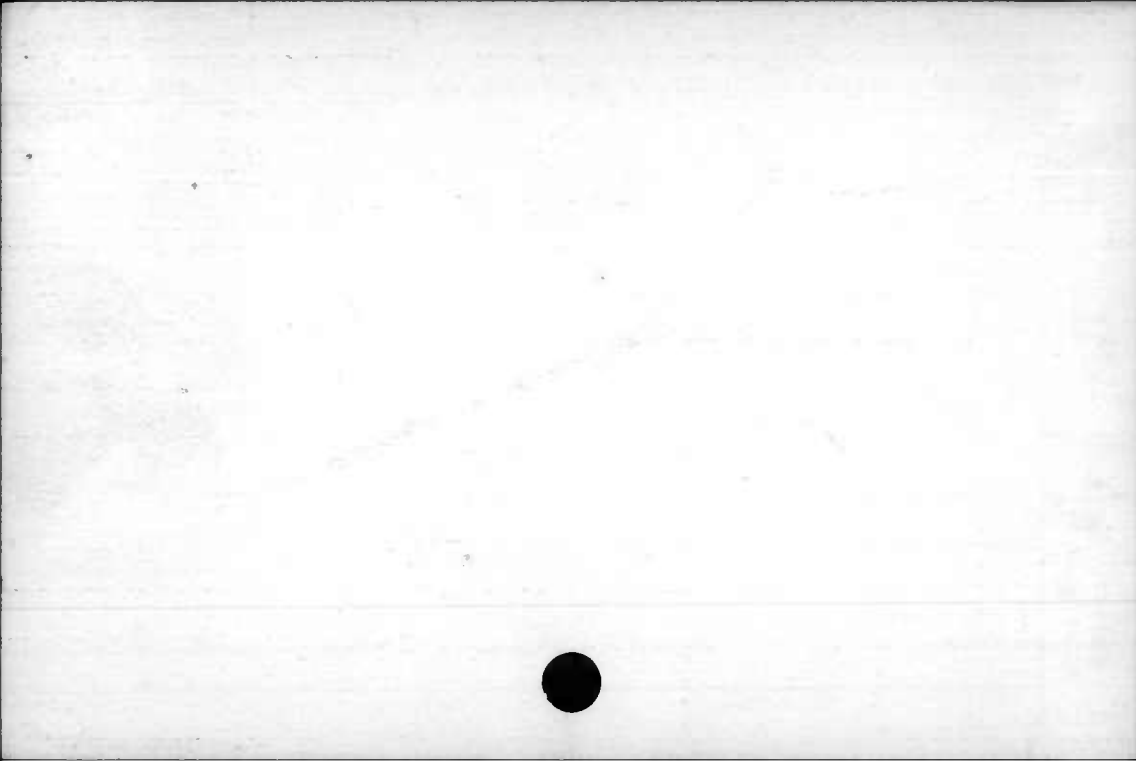
Signature of Physician

Address

J. H. Wishard
Leitersburg
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hagerstown*

Town

Washington

County

Date of death *1905 June*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Indian Spring*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Harry F. Stone*Father's
Name*Rev. Geo. M. Kershner*Father's
Birthplace*Chambersburg*Mother's
Maiden Name*Isabella Bowler*Mother's
Birthplace*Indian Spring*Name of person giving
Information*Harry F. Stone*How related
to deceased*husband*

CAUSES OF DEATH

Primary

Aortic Stenosis

How long

Immediate

Exhaustion

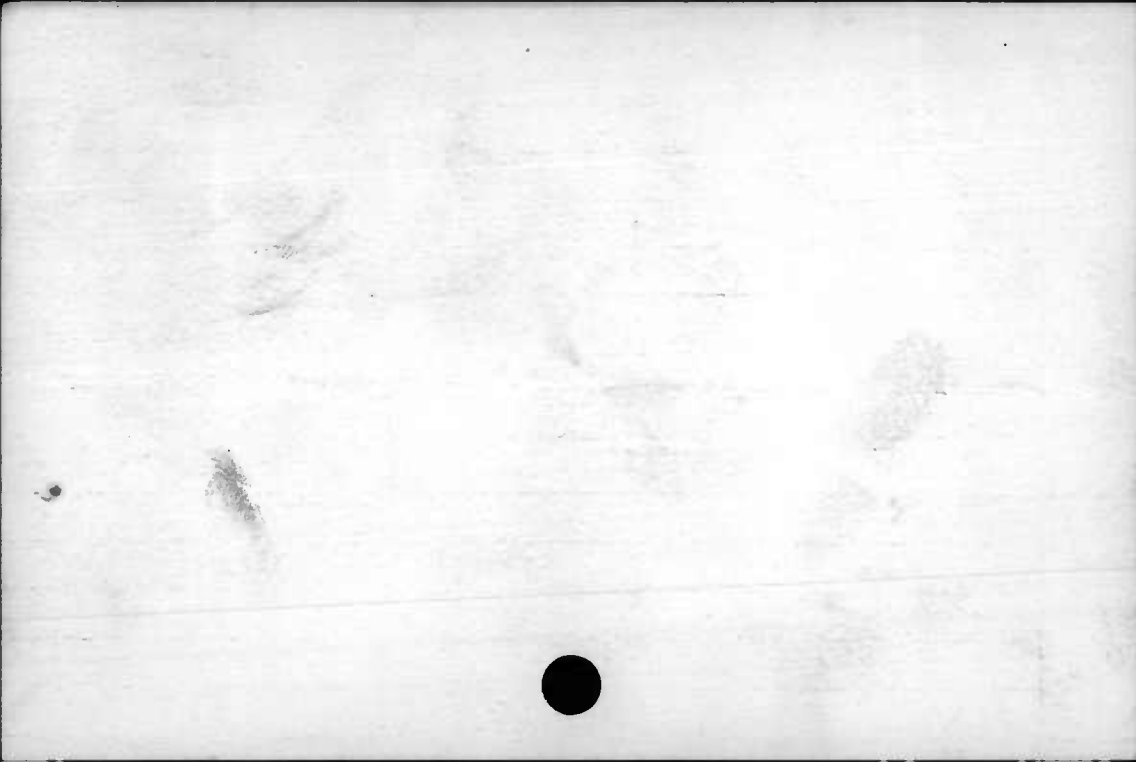
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

A. D. Stauffer

Accident or Suicide?



Name
in
Full

Lillian Alma Stonebraker

CERTIFICATE OF DEATH

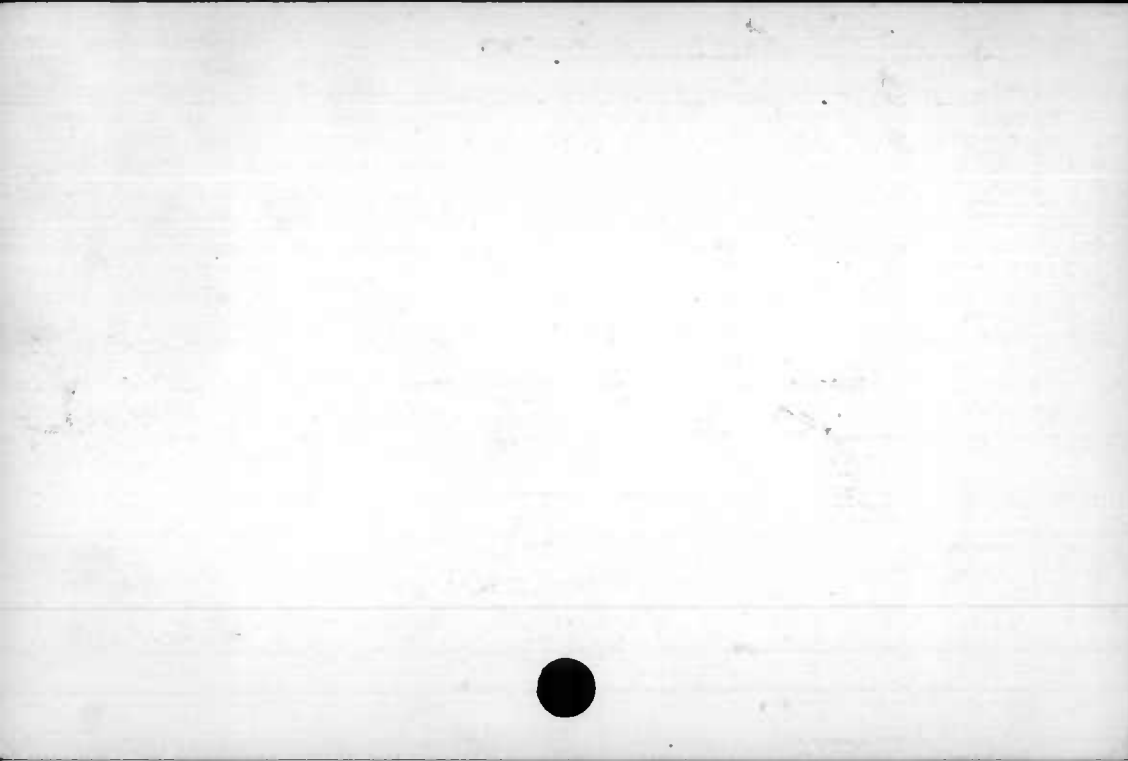
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Wash</i>		MARYLAND	
Date of death	Month <i>6</i>	Day <i>3</i>	Age Years <i>9</i>	Months <i>8</i>	Days <i>25</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____				
Father's Name <i>B. F. Stonebraker</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary E. Sprecher</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>B. F. Stonebraker</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Defective heart</i>	How long <i>since birth</i>
Immediate <i>Tubercular case of pneumonia</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. W. Ragun</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Hiram Stauffer*Died at *Thurston* ^{Town} *Washington* ^{County}

MARYLAND

Date of death *1905* - *6* ^{Month} *3* - *52* ^{Day} *52* ^{Years} *—* ^{Months} *—* ^{Days}Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer* Where Residing if not at place of deathMarried ~~Single~~ ^{or Widowed} Name of Wife or HusbandFather's Name *Christam Stauffer*Father's Birthplace *Ind*Mother's Maiden Name *Rosema Thomas*Mother's Birthplace *Ind*Name of person giving information *Jennie Stauffer*How related to deceased *Wife*

CAUSES OF DEATH

Primary

How long

Immediate *Paralysis*How long *30 hrs*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Unstet M.D.
Hagerstown
Washington Co~~Accident or Suicide?~~PHYSICIAN
OR CORONER

Hopstone

Name
in
Full

CERTIFICATE OF DEATH

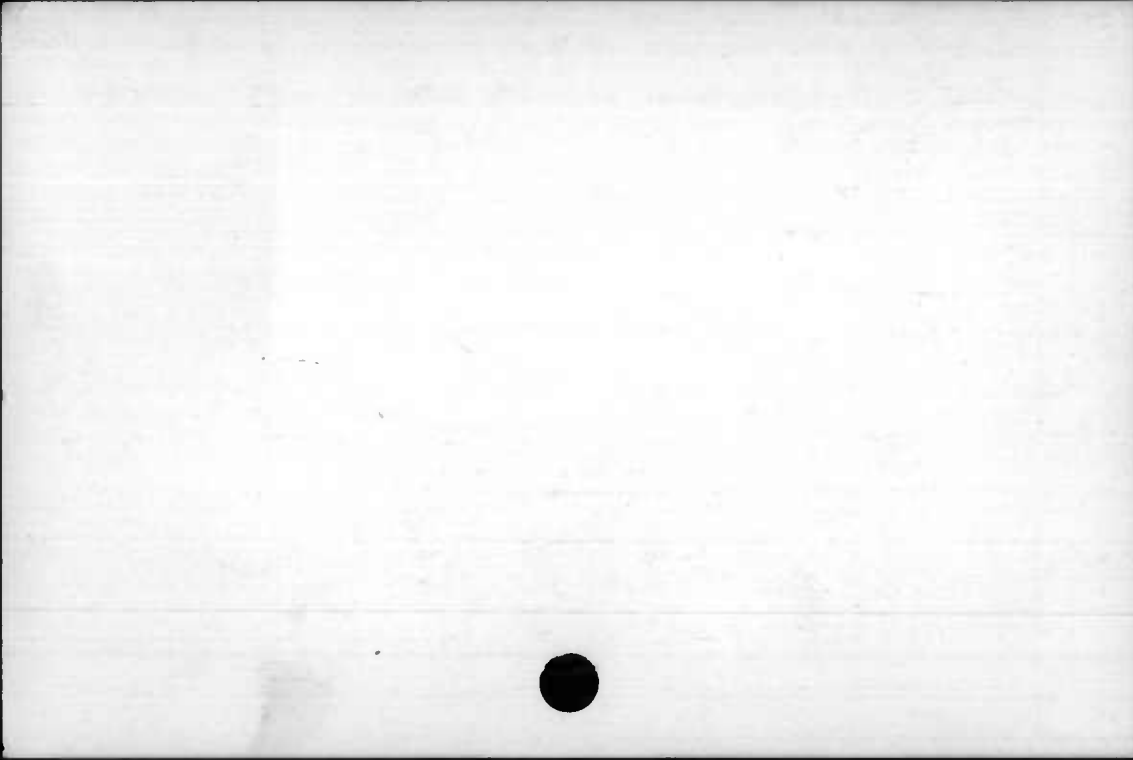
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. F. Thomas</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>19</i>		Years <i>59</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ellen M. Thomas.</i>					
Father's Name <i>Christopher Thomas</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace					
Name of person giving information <i>Ellen Thomas</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	<i>10 minutes.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. M. Wagaman</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

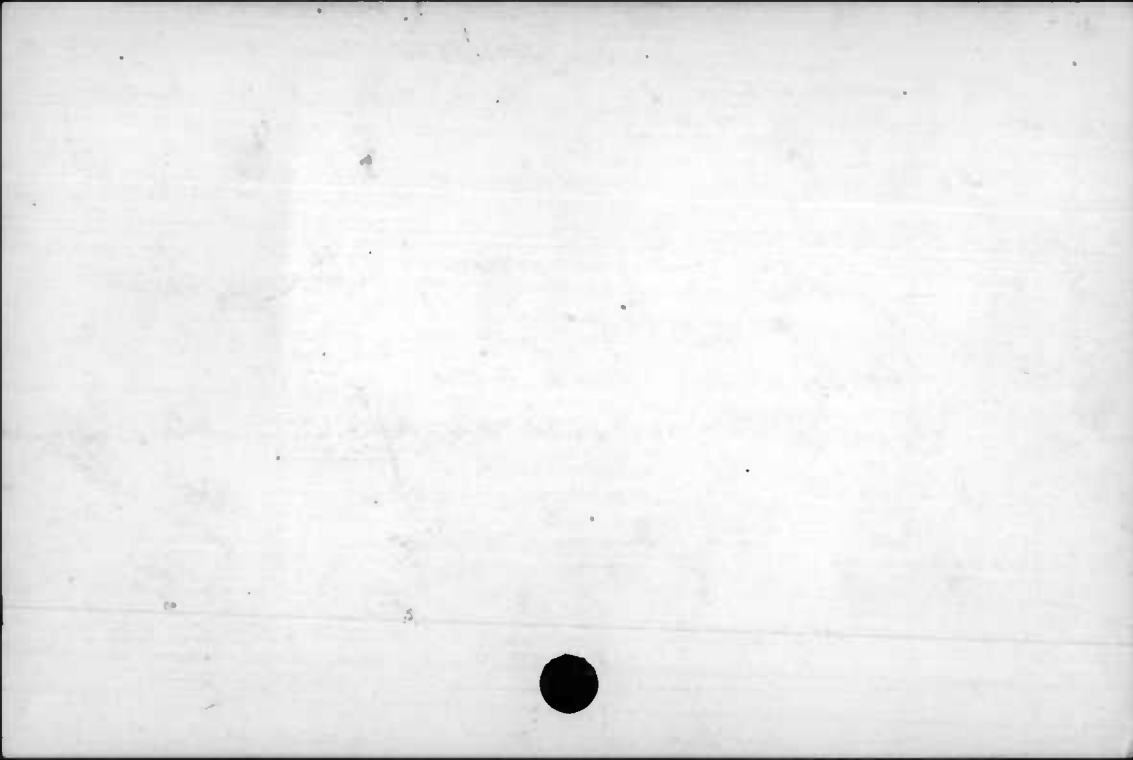
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hogans town</i>		Town <i>Wash.</i>		County	
Date of death <i>1904</i>	Month <i>6</i>	Day <i>15</i>	Age <i>68</i>	Months <i>6</i>	Days <i>19</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife <i>Wm. Updegraff</i>				
Father's Name <i>Eli Mobley</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Sophia Mayberry</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wm. Updegraff</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral neurasthenia</i>	How long <i>about three years</i>
Immediate <i>starving to death food, not from parents.</i>	How long <i>about one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Hummelhouse</i>
	Address <i>Hogans town Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

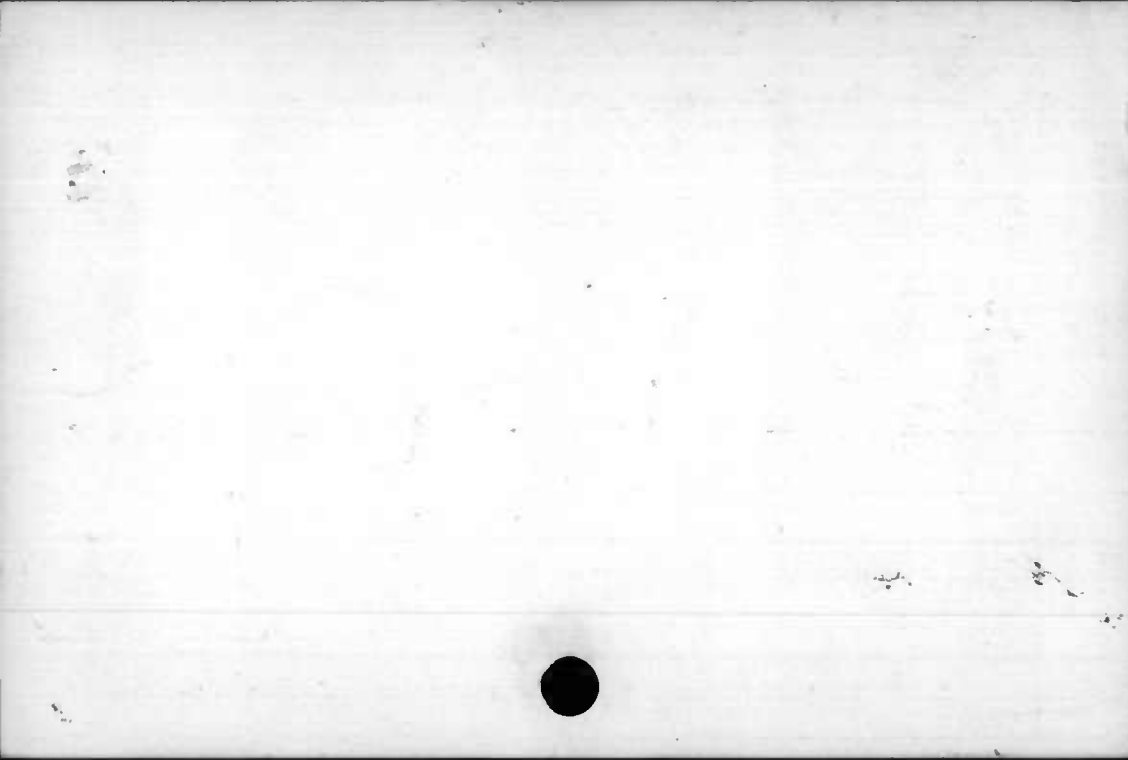
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Charles N. White		Town		Bagerstown		County		Wash.			
Died at		Date of death		Month		Day		Years		Months		Days	
Sex		male		Color or Race		white		Birth-place		Md.			
Occupation		machinist		Where Residing if not at place of death									
Married, Single or Widowed		married		Name of Wife or Husband		Mary E. White							
Father's Name		Daniel White		Father's Birthplace		Md.							
Mother's Maiden Name		Julia A. Bassett		Mother's Birthplace		"							
Name of person giving information		Mrs. M. E. White		How related to deceased		wife							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Ed. W. W. W. W.	
				Address		Bagerstown Md.	
Accident or Suicide?							



Name

in
Full

Edith Jane Wilson

CERTIFICATE OF DEATH

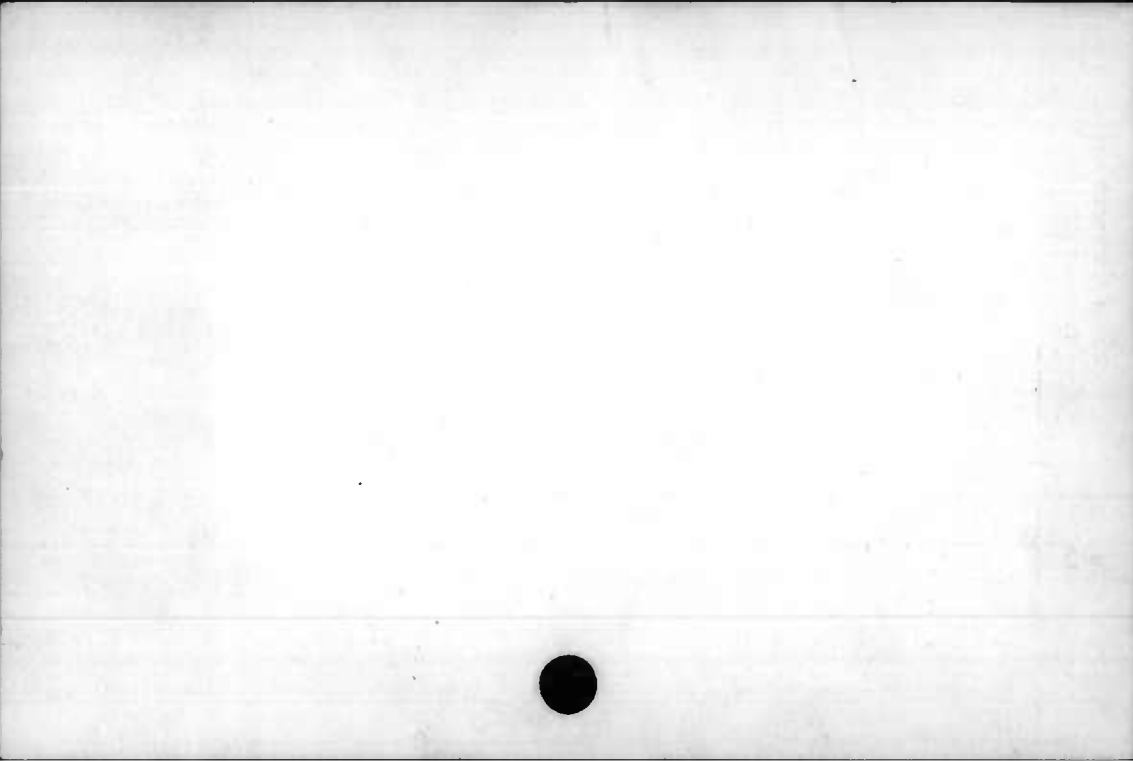
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>6-20</i>	Day <i>20</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hancock</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Clarence John Wilson</i>			Father's Birthplace <i>Berkley Springs, W. Va.</i>		
Mother's Maiden Name <i>Mahaley Snyder</i>			Mother's Birthplace <i>Millstone</i>		
Name of person giving Information <i>C. J. Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intubation</i>	How long	<i>157</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Elwood Figue</i>	
		Address <i>Hancock, Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruth Young</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>6</i>		Years <i>2</i>		Months <i>1</i>	
Date of death <i>1901</i>		Age <i>2</i>		Days <i>10</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Young</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Nattie E. Miner</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Charles Young</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't Know</i>	How long <i>Don't Know</i>
Immediate <i>Convulsions</i>	How long <i>Don't Know</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>David A. Watkins</i>
	Address <i>Hagerstown Ind.</i>
Accident or Suicide?	

Hagstover

Name in Full		Viola Young				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Hagerstown		County Washington		MARYLAND		
		Date of death 1908		Month 6	Day 2	Age —	Years —	Months —
		Sex Female		Color or Race White		Birth- place Md		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
TO BE ANSWERED BY NEAREST FRIEND		Father's Name Sylvester Young				Father's Birthplace Md		
		Mother's Maiden Name Sophie Irene Young				Mother's Birthplace Md		
		Name of person giving Information Sylvester Young				How related to deceased Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Large Spina bifida				How long X 50		
		Immediate Convulsions, Coma				How long Several hours		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Address J. H. W. Baggett Hagerstown Md						
		Accident or Suicide?						

Hogstern